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            |  |  |  |  |  |
| 2/24/25                       | \$                |  |  |  |  |  |
|                               | 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 STATES   | MENT:                         |                             |                  |  |  |  |  |  |  |  |
|------------|--|-------------------------------|-----------------------------|------------------|--|--|--|--|--|--|--|
| Accounting | 2024/2   |                               |                             |                  |  |  |  |  |  |  |  |
| Period     |  |                               |                             |                  |  |  |  |  |  |  |  |
| B<br>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  |                               |                             |                  |  |  |  |  |  |  |  |
|            | CABLE ONE, INC.  | CABLE ONE, INC.               |                             |                  |  |  |  |  |  |  |  |
|            |  |                               |                             |                  |  |  |  |  |  |  |  |
|            |  |                               |                             | 00741220242      |  |  |  |  |  |  |  |
|            |  |                               |                             | 007412 2024/2    |  |  |  |  |  |  |  |
|            |  |                               |                             |                  |  |  |  |  |  |  |  |
|            | 210 E. EARLL DRIVE   |                               |                             |                  |  |  |  |  |  |  |  |
|            | PHOENIX, AZ 85012-2626   |                               |                             |                  |  |  |  |  |  |  |  |
|            | INSTRUCTIONS: In line 1, give any business or trade names  | used to identify the busine   | ss and operation of the sys | tem unless these |  |  |  |  |  |  |  |
| С          | names already appear in space B. In line 2, give the mailing a   |                               |                             |                  |  |  |  |  |  |  |  |
| System     | 1 IDENTIFICATION OF CABLE SYSTEM:  |                               |                             |                  |  |  |  |  |  |  |  |
|            | SPARKLIGHT   |                               |                             |                  |  |  |  |  |  |  |  |
|            | MAILING ADDRESS OF CABLE SYSTEM:   |                               |                             |                  |  |  |  |  |  |  |  |
|            | 2624 CROSS ROADS DR. 2 (Number, street, rural route, apartment, or suite number)   |                               |                             |                  |  |  |  |  |  |  |  |
|            | ARDMORE, OK 73401  |                               |                             |                  |  |  |  |  |  |  |  |
|            | (City, town, state, zip code)  |                               |                             |                  |  |  |  |  |  |  |  |
| D          | Instructions: For complete space D instructions, see page 1  | o. Identify only the frst com | munity served below and re  | elist on page 1b |  |  |  |  |  |  |  |
| Area       | with all communities.  |                               |                             |                  |  |  |  |  |  |  |  |
| Served     | CITY OR TOWN   | STATE                         |                             |                  |  |  |  |  |  |  |  |
| First      | ARDMORE  | OK                            |                             |                  |  |  |  |  |  |  |  |
| Community  | Below is a sample for reporting communities if you report m  | ultiple channel line-ups in S | Space G.                    |                  |  |  |  |  |  |  |  |
|            | CITY OR TOWN (SAMPLE)  | STATE                         | CH LINE UP                  | SUB GRP#         |  |  |  |  |  |  |  |
| Sample     | Alda   | MD                            | A                           | 1                |  |  |  |  |  |  |  |
|            | Alliance   | MD                            | В                           | 2                |  |  |  |  |  |  |  |
|            | Gering   | MD                            | В                           | 3                |  |  |  |  |  |  |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

| FORM SA3E. PAGE 1b.  |                   |            |            |                        |  |  |  |  |  |
|--|-------------------|------------|------------|------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                   |            | SYSTEM ID# |                        |  |  |  |  |  |
| CABLE ONE, INC.  |                   |            | 007412     |                        |  |  |  |  |  |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.   |                   |            |            |                        |  |  |  |  |  |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses   |                   |            |            |                        |  |  |  |  |  |
| below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a |                   |            |            |                        |  |  |  |  |  |
| channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b  | a subscriber grou |            |            |                        |  |  |  |  |  |
| CITY OR TOWN   | STATE             | CH LINE UP | SUB GRP#   | -                      |  |  |  |  |  |
| ARDMORE  | OK                | AA         | 1          | First                  |  |  |  |  |  |
| CARTER COUNTY  | OK                | AA         | 1          | Community              |  |  |  |  |  |
| DICKSON  | OK                | AA         | 1          |                        |  |  |  |  |  |
| LONG GROVE   | OK                | AA         | 1          |                        |  |  |  |  |  |
| MADILL   | OK                | AA         | 3          |                        |  |  |  |  |  |
| MANNSVILLE   | OK                | AA         | 3          | See instructions for   |  |  |  |  |  |
| MARIETTA   | OK                | AA         | 2          | additional information |  |  |  |  |  |
| MARSHALL COUNTY  | OK                | AA         | 3          | on alphabetization.    |  |  |  |  |  |
| OAKLAND  | OK                | AA         | 3          |                        |  |  |  |  |  |
|  |                   |            |            |                        |  |  |  |  |  |
|  |                   |            |            |                        |  |  |  |  |  |
|  |                   |            |            | Add rows as necessary. |  |  |  |  |  |
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|  |                   |            |            |                        |  |  |  |  |  |
|  |                   |            |            |                        |  |  |  |  |  |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

8YSTEM ID# 007412

Ε

Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO                           | OCK 1                 |          |           |     | BLOCK 2             |                       |    |       |
|-------------------------------|-----------------------|----------|-----------|-----|---------------------|-----------------------|----|-------|
| CATEGORY OF SERVICE           | NO. OF<br>SUBSCRIBERS |          | RATE      |     | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS |    | RATE  |
| Residential:                  | SUBSCRIBERS           |          | IVATE     |     | CATEGORY OF SERVICE | SUBSCRIBERS           |    | IVATE |
| Service to first set          | 745                   | \$       | 42.00     | 11  | PTV                 | 299                   | \$ | 54.00 |
| Service to additional set(s)  |                       | <b>†</b> |           |     |                     |                       |    |       |
| • FM radio (if separate rate) |                       |          |           |     |                     |                       |    |       |
| Motel, hotel                  |                       |          |           |     |                     |                       |    |       |
| Commercial                    | 97                    | \$       | 84.95     | II  | PTV                 | 12                    | \$ | 84.95 |
| Converter                     |                       |          |           |     |                     |                       |    |       |
| Residential                   | 745                   | 2        | .75-15.00 |     |                     |                       |    |       |
| Non-residential               | 97                    | 2        | .95-21.00 | ] [ |                     |                       |    |       |

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 1     |                               |      |                     |       |      |  |
|---|-------------|-------------------------------|------|---------------------|-------|------|--|
| CATEGORY OF SERVICE                         | RATE        | CATEGORY OF SERVICE           | RATE | CATEGORY OF SERVICE | RATE  | Ē    |  |
| Continuing Services:                        |             | Installation: Non-residential |      |                     |       |      |  |
| Pay cable                                   | 10.99-19.00 | Motel, hotel                  |      | STANDARD CABLE      | \$ 86 | 6.00 |  |
| <ul> <li>Pay cable—add'l channel</li> </ul> |             | Commercial                    |      | DIGITAL VALUE PACK  | \$ 16 | 6.00 |  |
| Fire protection                             |             | • Pay cable                   |      | STANDARD IPTV       | \$ 86 | 6.00 |  |
| •Burglar protection                         |             | Pay cable-add'l channel       |      | HISPANIC TIER       | \$ 6  | 6.00 |  |
| Installation: Residential                   |             | Fire protection               |      |                     |       |      |  |
| • First set                                 |             | Burglar protection            |      |                     |       |      |  |
| Additional set(s)                           |             | Other services:               |      |                     |       |      |  |
| • FM radio (if separate rate)               |             | Reconnect                     |      |                     |       |      |  |
| Converter                                   |             | Disconnect                    |      |                     |       |      |  |
|   |             | Outlet relocation             |      |                     |       |      |  |
|   |             | Move to new address           |      |                     |       |      |  |
|   |             |                               |      |                     |       |      |  |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007412 CABLE ONE. 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) Ε K36KE-D 36 No ARDMORE, OK 41 No KCYH-LD I ARDMORE, OK See instructions for additional information 26 N KTEN-DT1 No ADA, OK on alphabetization. 26.2 KTEN-DT2 I-M No ADA, OK KTEN-DT3 26.3 N-M No ADA, OK KXII-DT1 12 N No SHERMAN, TX KXII-DT2 12.2 I-M No SHERMAN, TX KXII-DT3 12.3 I-M No SHERMAN, TX Ν KTEN-DT1-SIMUI 26 No ADA, OK KXII-DT1-SIMUL 12 Ν No SHERMAN, TX **KETA** 13 Е No OKLAHOMA CITY, OK KTEN-DT3-SIMUI 26 N-M No ADA, OK SHERMAN, TX KXII-DT3-SIMUL 12.3 I-M No

| LEGAL NAME OF OWN   | ER OF CABLE SY  | STEM:  |   |   | SYSTEM ID#  |                                  |
|---|---|--|---|---|---|----------------------------------|
| CABLE ONE, II   | NC.   |  |   |   | 007412  | Name                             |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON   |   |   |   |                                  |
| carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba  | system during ions in effect of 6.61(e)(2) and sis, as explaine | the accounting<br>In June 24, 19<br>(4), or 76.63<br>and in the next | g period except<br>981, permitting to<br>(referring to 76.4)<br>paragraph | t (1) stations carrie<br>the carriage of cer<br>61(e)(2) and (4))]; | as and low power television stations) ed only on a part-time basis under rtain network programs [sections] and (2) certain stations carried on a cable system on a substitute progran | Primary Transmitters: Television |
| basis under specifc F0  | CC rules, regul   | ations, or aut   | horizations   |   | nent and Program Log)—if the  | Television                       |
| basis. For further in the paper SA3 for   | and also in sp<br>formation con-<br>orm.                        | ace I, if the st<br>cerning subst                                    | itute basis statio  | ons, see page (v)   | titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify  |                                  |
| cast stream as "WETA<br>WETA-simulcast).  | \-2". Simulcast   | streams mus  | st be reported in   | column 1 (list ea   | ation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir   |                                  |
| on which your cable s   | ystem carried t   | he station   |   |   | s may be different from the channe dependent station, or a noncommercia   |                                  |
| 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 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 furthe 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  | AB  |   |                                  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER                                  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                             | 6. LOCATION OF STATION  |                                  |
|   |   |  |   |   |   |                                  |
|   |   |  |   |   |   |                                  |
|   |   |  |   |   |   |                                  |
|   |   |  |   |   |   |                                  |
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|   |   |  |   |   |   |                                  |
|   |   |  |   |   |   |                                  |

| LEGAL NAME OF OWN  | NER OF CABLE SY  | /STEM:   |  |  | SYSTEM ID#  |                                 |
|--|--|--|--|--|---|---------------------------------|
| CABLE ONE, I   | NC.  |  |  |  | 007412  | Name                            |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON   |  |  |   |                                 |
| carried by your cable FCC rules and regula   | system during<br>tions in effect o<br>6.61(e)(2) and               | the accounting<br>on June 24, 19<br>(4), or 76.63                | ng period except<br>981, permitting<br>(referring to 76.                     | t (1) stations carrie<br>the carriage of cer   | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a | <b>G</b> Primary  Transmitters: |
|  |  | -  | -  | ns carried by your   | cable system on a substitute progran  | Television                      |
| <ul> <li>basis under specifc F</li> <li>Do not list the station</li> </ul>   |  |  |  | the Special Staten   | nent and Program Log)—if the  |                                 |
| station was carried  | only on a sub  | stitute basis  | . ,  | ·  | 5 5,  |                                 |
|  | nformation con   |  |  |  | titute basis and also on some othe 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 th  | e channel num  | ber the FCC  | has assigned to  | the television sta   | ition for broadcasting over-the-air ir  |                                 |
| its community of licen on which your cable s   | se. For exampl<br>ystem carried t                                  | le, WRC is Cl<br>the station                                     | nannel 4 in Was  | shington, D.C. This  | s may be different from the channe  |                                 |
| educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the s  | y entering the licast), "E" (for rese terms, see tation is outside | etter "N" (for<br>noncommerci<br>page (v) of the<br>the local se | network), "N-M"<br>al educational),<br>ne general instr<br>rvice area, (i.e. | (for network multi<br>or "E-M" (for nonc<br>uctions located in<br>"distant"), enter "Y | cast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>'es". If not, enter "No". For an ex          |                                 |
|  | nave entered "Y  | es" in colum   | n 4, you must co   | omplete column 5   | te paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster   |                                 |
| carried the distant sta  | •  |  |  |  | capacity ty payment because it is the subjec  |                                 |
|  |  |  |  |  | ystem or an association representin   |                                 |
| ,  |  |  | •  | • .  | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe  |                                 |
| explanation of these t   | hree categories  | s, see page (  | v) of the genera   | l instructions locat   | ed in the paper SA3 form  |                                 |
|  |  |  |  |  | ty to which the station is licensed by the<br>th which the station is identifed   |                                 |
| Note: If you are utilizi   |  |  |  |  |   |                                 |
|  |  | CHANN  | EL LINE-UP   | AC   |   |                                 |
| 1. CALL  | 2. B'CAST  | 3. TYPE  | 4. DISTANT?  | 5. BASIS OF  | 6. LOCATION OF STATION  |                                 |
| SIGN   | CHANNEL<br>NUMBER  |  | (Yes or No)  | CARRIAGE<br>(If Distant)   | e. 200/mones en mon   |                                 |
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| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:   |   |   | SYSTEM ID#  |                                    |
|---|--|---|---|---|---|------------------------------------|
| CABLE ONE, II   | NC.  |   |   |   | 007412  | Name                               |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON  |   |   |   |                                    |
| carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba  | system during<br>tions in effect of<br>6.61(e)(2) and<br>sis, as explaine  | the accounting June 24, 19<br>(4), or 76.63<br>and in the next  | g period except<br>981, permitting to<br>(referring to 76.4)<br>paragraph   | t (1) stations carrie<br>the carriage of cer<br>61(e)(2) and (4))];   | is and low power television stations) and only on a part-time basis under tain network programs [sections] and (2) certain stations carried on a cable system on a substitute progran   | G Primary Transmitters: Television |
| basis under specifc F0 • Do not list the station  | CC rules, regul<br>n here in space   | ations, or aut<br>G—but do li   | horizations   |   | nent and Program Log)—if th∈  |                                    |
| 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you |  |   |   |   |   |                                    |
| cable system carried to carried the distant star. For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the   | he distant statition on a part-tision of a distant tentered into caprimary transsimulcasts, also ree categories e location of ea | on during the me basis bect multicast strong or before Jemitter or an action enter "E". I's, see page (Vach station. Fons, if any, gi | accounting per<br>cause of lack of<br>ream that is not<br>une 30, 2009, b<br>association repr<br>f you carried the<br>t) of the general<br>or U.S. stations<br>we the name of | riod. Indicate by el<br>activated channel<br>subject to a royal<br>between a cable st<br>esenting the prime<br>channel on any of<br>l instructions local<br>, list the communit | ntering "LAC" if your cable syster capacity ty payment because it is the subjec system or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifed |                                    |
| ,   | -  | •   | EL LINE-UP  | •   | ·   |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                                    |
|   |  |   |   |   |   |                                    |
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| FORIVI SASE. PAGE 3.   |  |   |   |   | CVCTEM ID#  |                             |
|--|--|---|---|---|---|-----------------------------|
| CABLE ONE, II  |  | STEM:   |   |   | SYSTEM ID#<br>007412  | Name                        |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON  |   |   |   |                             |
| carried by your cable FCC rules and regula   | system during<br>tions in effect o   | the accountin<br>on June 24, 19   | g period except<br>981, permitting  | t (1) stations carrie<br>the carriage of cer  | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a   | <b>G</b><br>Primary         |
|  | Stations: With   | respect to an   | y distant station   | ns carried by your  | cable system on a substitute progran  | Transmitters:<br>Television |
|  | n here in space  | G—but do lis  |   | he Special Staten   | nent and Program Log)—if the  |                             |
|  | and also in sp<br>nformation con   | ace I, if the st  |   |   | titute basis and also on some othe of the general instructions located  |                             |
| each multicast stream  | associated wit   | th a station a  | ccording to its o   | ver-the-air design  | es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi<br>ch stream separately; for example  |                             |
| Column 2: Give th  |  |   | •   |   | tion for broadcasting over-the-air ir   |                             |
| on which your cable s  | ystem carried t  | he station  |   | ,   | lependent station, or a noncommercia  |                             |
| (for independent multi<br>For the meaning of the<br>Column 4: If the si<br>planation of local serv | cast), "E" (for rese terms, see tation is outside ice area, see p          | noncommercian<br>page (v) of the<br>ethe local ser<br>page (v) of the   | al educational),<br>ne general instru<br>rvice area, (i.e.<br>e general instruc | or "E-M" (for noncuctions located in "distant"), enter "Yetions located in the            | es". If not, enter "No". For an ex<br>e paper SA3 form  |                             |
| •  | the distant stati  | on during the   | accounting per  | riod. Indicate by e   | stating the basis on which you<br>ntering "LAC" if your cable syster<br>capacity  |                             |
| of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these t  | t entered into on<br>a primary trans<br>simulcasts, als<br>hree categories | on or before J<br>smitter or an a<br>so enter "E". It<br>s, see page (\ | une 30, 2009, bassociation repr<br>f you carried the<br>n/) of the genera       | petween a cable sy<br>resenting the primal<br>e channel on any of<br>I instructions locat | ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form  |                             |
|  | Canadian statio  | ons, if any, gi   | ve the name of  | the community wit   | ty to which the station is licensed by the<br>th which the station is identifed<br>n channel line-up.   |                             |
|  |  | CHANN   | EL LINE-UP  | AE  |   |                             |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                             |
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| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:  |  |   | SYSTEM ID#   |                                       |
|---|--|--|--|---|--|---------------------------------------|
| CABLE ONE, II   | NC.  |  |  |   | 007412   | Name                                  |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON   |  |   |  |                                       |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba  | G, identify ever<br>system during<br>ions in effect o<br>3.61(e)(2) and<br>sis, as explaine  | y television s<br>the accountin<br>in June 24, 19<br>(4), or 76.63<br>ed in the next   | g period except<br>981, permitting<br>(referring to 76.<br>paragraph   | t (1) stations carrie<br>the carriage of cer<br>61(e)(2) and (4))];   | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute progran   | G  Primary  Transmitters:  Television |
| basis under specifc FC  Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th | CC rules, regular here in space only on a substand also in spanformation conform. The second of the conformation is associated with the conformation is outside it is a primary transformation of a distant tentered into a distant tentered i | ations, or auta Gebut do listitute basis ace I, if the statement of the station acts at the station whether the station whether the station whether the station acts are always and the station whether the station whether the station whether the station whether the station and uring the me basis bed to multicast station or before Jestin or before Jestin or before Jestin or station. Fors, if any, gifted the station. | horizations: st it in space I (to attion was carried itute basis station report origination coording to its of the end of | the Special Staten and both on a substants, see page (v) on program service ver-the-air designation of the television state thington, D.C. This verk station, an independent of the television state thington, D.C. This verk station, an independent of the television state | nent and Program Log)—if the citute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example tion for broadcasting over-the-air ir s may be different from the channe dependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form es". If not, enter "No". For an ex are paper SA3 form stating the basis on which you netering "LAC" if your cable syster capacity ty payment because it is the subject ystem or an association representin arry transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the th which the station is identifed | Television                            |
|   |  | CHANN  | EL LINE-UP   | AF  |  |                                       |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |                                       |
|   |  |  |  |   |  |                                       |
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| LEGAL NAME OF OWN  | IER OF CABLE SY   | STEM:  |   |   | SYSTEM ID#  |                                    |
|--|---|--|---|---|---|------------------------------------|
| CABLE ONE, II  | NC.   |  |   |   | 007412  | Name                               |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON   |   |   |   |                                    |
| carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba   | system during<br>tions in effect of<br>6.61(e)(2) and<br>sis, as explaine | the accounting June 24, 19 (4), or 76.63 and in the next | ng period except<br>981, permitting<br>(referring to 76.<br>paragraph | t (1) stations carrie<br>the carriage of cer<br>61(e)(2) and (4))]; | s and low power television stations) ed only on a part-time basis under tain network programs [sections] and (2) certain stations carried on a cable system on a substitute progran | G Primary Transmitters: Television |
| basis under specifc F0   | CC rules, regul   | ations, or aut   | horizations   |   | nent and Program Log)—if the  | Television                         |
| basis. For further in the paper SA3 for  | and also in sp<br>nformation con-<br>orm.                                 | ace I, if the st<br>cerning subst                        | itute basis stati   | ons, see page (v)   | itute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify   |                                    |
| cast stream as "WETA<br>WETA-simulcast).<br><b>Column 2:</b> Give th   | A-2". Simulcast<br>e channel num  | streams mus  | st be reported in   | column 1 (list each   | ation. For example, report multi ch stream separately; for example tion for broadcasting over-the-air ir  |                                    |
| on which your cable s  | ystem carried t   | he station   |   |   | s may be different from the channe lependent station, or a noncommercia   |                                    |
| Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |   |  |   |   |   |                                    |
|  |   | CHANN  | EL LINE-UP  | AG  |   |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION                                 | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                             | 6. LOCATION OF STATION  |                                    |
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| LEGAL NAME OF OWN  | ER OF CABLE SY  | STEM:  |   |  | SYSTEM ID#  |            |  |
|--|---|--|---|--|---|------------|--|
| CABLE ONE, II  | NC.   |  |   |  | 007412  | Name       |  |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON   |   |  |   |            |  |
| 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 Stasis under specifc FC   |   | -  | •   | ns carried by your   | cable system on a substitute progran  | Television |  |
| ·  |   |  |   | the Special Staten   | nent 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 othe 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).   |   |  | •   | •  |   |            |  |
| its community of licens<br>on which your cable s<br>Column 3: Indicate   | se. For exampl<br>ystem carried t<br>e in each case                         | e, WRC is Cl<br>he station<br>whether the s                          | nannel 4 in Was   | shington, D.C. This<br>ork station, an inc   | tion for broadcasting over-the-air ir s may be different from the channe lependent station, or a noncommercia cast), "I" (for independent), "I-M  |            |  |
| (for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the st<br>planation of local serv  | cast), "E" (for rese terms, see ation is outside ice area, see p            | noncommerci<br>page (v) of the<br>the local se<br>age (v) of the     | al educational),<br>he general instru<br>rvice area, (i.e.<br>e general instruc | or "E-M" (for noncuctions located in "distant"), enter "Yetions located in the       | commercial educational multicast)<br>the paper SA3 form<br>'es". If not, enter "No". For an ex  |            |  |
| carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and   | ion on a part-ti<br>sion of a distan<br>t entered into c<br>a primary trans | me basis bed<br>t multicast sto<br>on or before J<br>smitter or an a | cause of lack of<br>ream that is not<br>lune 30, 2009, b<br>association repr    | activated channel<br>subject to a royal<br>between a cable s<br>resenting the prim   | ntering "LAC" if your cable syster capacity ty payment because it is the subject ystem or an association representineary transmitter, enter the designation ther basis, enter "O." For a furthe |            |  |
| explanation of these the Column 6: Give the  | nree categories<br>e location of ea<br>Canadian statio                      | s, see page (vach station. Fons, if any, ginnel line-ups             | v) of the genera<br>or U.S. stations<br>ve the name of<br>, use a separate      | I instructions locat<br>, list the communi<br>the community wi<br>e space G for each | ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifed   |            |  |
|  | ı   | CHANN  | EL LINE-UP  | AH   |   |            |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |            |  |
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| LEGAL NAME OF OWN   | NER OF CABLE SY   | STEM:  |  |  | SYSTEM ID#  | Nama                                   |
|---|---|--|--|--|---|--|
| CABLE ONE, I  | NC.   |  |  |  | 007412  | Name                                   |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON   |  |  |   |  |
| carried by your cable   | system during   | the accountin  | g period except  | t (1) stations carrie  | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections   | G                                      |
| substitute program ba   | sis, as explain   | ed in the next   | paragraph  | . , , , , , , , , , , , , , , , , ,  | and (2) certain stations carried on a cable system on a substitute progran  | Primary<br>Transmitters:<br>Television |
| basis under specifc F   | CC rules, regul   | ations, or aut   | horizations  |  | nent and Program Log)—if the  |  |
|   | and also in sp<br>nformation con  | ace I, if the st   |  |  | titute basis and also on some othe of the general instructions located  |  |
| each multicast stream   | associated wi   | th a station a   | ccording to its o  | ver-the-air design   | es such as HBO, ESPN, etc. Identif;<br>ation. For example, report multi<br>ch stream separately; for example  |  |
|   | se. For exampl  | e, WRC is Cl   | -  |  | tion for broadcasting over-the-air ir<br>s may be different from the channe   |  |
| educational station, b (for independent mult For the meaning of th Column 4: If the s planation of local serv Column 5: If you h cable system carried carried the distant sta For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the | y entering the licast), "E" (for rese terms, see tation is outside rice area, see phave entered "the distant statition on a part-tision of a distant tentered into a primary transimulcasts, alshree categories e location of ea Canadian stati | etter "N" (for a noncommercial page (v) of the ethe local set age (v) of the ethe local set and ethe ethe ethe local set age (v) of the ethe local set age ( | network), "N-M" al educational), ne general instruction at a general instruction 4, you must contain a accounting percusse of lack of ream that is not lune 30, 2009, the association reprof you carried the lune 30. Stations or U.S. stations we the name of | (for network multion "E-M" (for nonductions located in "distant"), enter "Yetions located in the omplete column 5 riod. Indicate by exactivated channe subject to a royal between a cable stresenting the prime channel on any of the community with the community with the community with the community with control of the community with comm | Yes". If not, enter "No". For an ex ne paper SA3 form In stating the basis on which you netering "LAC" if your cable syster acapacity It payment because it is the subject your cannot represent in any transmitter, enter the designation of the basis, enter "O." For a furthe seed in the paper SA3 form the to which the station is identified. |  |
|   |   |  | •  | •  | . Ordanie wie Gp.   |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |  |
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| ER OF CABLE SY  | STEM:  |  |   | SYSTEM ID#   |   |  |  |
|---|--|--|---|--|---|--|--|
|   |  |  |   | 007412   | Name  |  |  |
| ERS: TELEVISI   | ON   |  |   |  |   |  |  |
| 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 [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station our apart-time basis because of lack of activated channel capacity |  |  |   |  |   |  |  |
|   |  |  | •   |  |   |  |  |
| 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |  |  |
|   |  |  |   |  |   |  |  |
|   | RES: TELEVISION G., identify ever system during the inspect of 3.61(e)(2) and sis, as explained Stations: With CC rules, regulated the inspect only on a substant also in spect of the inspect of the ins | Graidentify every television is system during the accounting ions in effect on June 24, 19, 6.61(e)(2) and (4), or 76.63 sis, as explained in the next stations: With respect to an CC rules, regulations, or auting here in space G—but do light only on a substitute basis and also in space I, if the station concerning substitute basis and also in space I, if the station concerning substitute basis and also in space I, if the station and concerning substitute basis and also in space I, if the station and concerning substitute basis and also in space I, if the station and concerning substitute associated with a station and concerning substitute in each case whether the station in each case whether the station is outside the local section and in each case page (v) of the averentered "Yes" in column the distant station during the station is outside the local section of a distant multicast station on a part-time basis because entered "Yes" in column the distant station during the station of a distant multicast station on a part-time basis because and primary transmitter or an assimulcasts, also enter "E". I have categories, see page (v) of the location of each station. Find a canadian stations, if any, ging multiple channel line-ups  CHANN  2. B'CAST  CHANNEL  OF | ERS: TELEVISION  G, identify every television station (including system during the accounting period exceptions in effect on June 24, 1981, permitting 6.61(e)(2) and (4), or 76.63 (referring to 76. sis, as explained in the next paragraph Stations: With respect to any distant station CC rules, regulations, or authorizations: In here in space G—but do list it in space I (to only on a substitute basis and also in space I, if the station was carried formation concerning substitute basis stations: Similar station associated with a station according to its object. Simulcast streams must be reported in the echannel number the FCC has assigned to see. For example, WRC is Channel 4 in Wassystem carried the station is a network entering the letter "N" (for network), "N-M" cast), "E" (for noncommercial educational), see terms, see page (v) of the general instruction is outside the local service area, (i.e. ice area, see page (v) of the general instruction on a part-time basis because of lack of the distant station during the accounting perion on a part-time basis because of lack of the entered into on or before June 30, 2009, the primary transmitter or an association representation of each station. For U.S. stations Canadian stations, if any, give the name of the multiple channel line-ups, use a separate CHANNEL LINE-UP  2. B'CAST (Yes or No) | Gres: TELEVISION  G, identify every television station (including translator station system during the accounting period except (1) stations carrier ions in effect on June 24, 1981, permitting the carriage of cer 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; sis, as explained in the next paragraph stations: With respect to any distant stations carried by your CC rules, regulations, or authorizations:  In here in space G—but do list it in space I (the Special Statem only on a substitute basis and also in space I, if the station was carried both on a substiformation concerning substitute basis stations, see page (v) or m.  In the station's call sign. Do not report origination program service associated with a station according to its over-the-air designate.  The echannel number the FCC has assigned to the television states are channel number the FCC has assigned to the television states. For example, WRC is Channel 4 in Washington, D.C. This system carried the station is a network station, an individual of the example in each case whether the station is a network station, an individual of the station is a network station, and the entering the letter "N" (for network), "N-M" (for network multifect eterms, see page (v) of the general instructions located in the interior of the station during the accounting period. Indicate by enterior of a distant multicast stream that is not subject to a royalt tentered "Yes" in column 4, you must complete column 5, the distant station during the accounting period. Indicate by entered into on or before June 30, 2009, between a cable sy a primary transmitter or an association representing the prima simulcasts, also enter "E". If you carried the channel on any of a primary transmitter or an association representing the prima simulcasts, also enter "E". If you carried the channel on any of a primary transmitter or an association representing the prima simulcasts, also enter "E". If you carried the channel on any of the primary transmitter or an association represe | ERS: TELEVISION  G, identify every television station (including translator stations and low power television stations) system during the accounting period except (1) stations carried only on a part-time basis under ions in effect on June 24, 1981, permitting the carriage of certain network programs [sections i.6.16(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sist as explained in the next paragraph Stations: With respect to any distant stations carried by your cable system on a substitute program IC rules, regulations, or authorizations. There in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located with a station according to its over-the-air designation. For example, report multivers. Simulcast streams must be reported in column 1 (list each stream separately; for example exhanced the station is a network station, an independent station, or a noncommercial exhering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M cast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) see terms, see page (v) of the general instructions located in the paper SA3 form at each stream see page (v) of the general instructions located in the paper SA3 form at each stream that is stream that is not subject to a royalty payment because it is the subject entering the letter "No". For an ex (ce area, see page (v) of the general instructions located in the paper SA3 form at each stream that is not subject to a royalty payment because it is the subject entered into on or before June 30, 2009, between a cable system or an association representin a primary transmitter or an association representing the primary transmitter, |  |  |

| LEGAL NAME OF OWN   | NER OF CABLE SY   | STEM:   |   |  | SYSTEM ID#   |      |  |  |
|---|---|---|---|--|--|------|--|--|
| CABLE ONE, I  | NC.   |   |   |  | 007412   | Name |  |  |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON  |   |  |  |      |  |  |
| carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7                                   | n 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 ECC 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  |   |   |  |  |      |  |  |
| basis. For further in the paper SA3 for   | and also in sp<br>nformation con<br>orm.  | ace I, if the st<br>cerning subst                                 | itute basis stati   | ons, see page (v)  | titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify   |      |  |  |
| each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).   | ı associated wi<br>A-2". Simulcast  | th a station ad<br>streams mus                                    | ccording to its o<br>at be reported in  | ver-the-air design<br>column 1 (list eac                                       | ation. For example, report multi<br>ch stream separately; for example  |      |  |  |
| its community of licen on which your cable s  | se. For exampl<br>ystem carried t   | e, WRC is Cl<br>he station  | nannel 4 in Was   | shington, D.C. This  | tion for broadcasting over-the-air ir s may be different from the channe lependent station, or a noncommercia  |      |  |  |
| (for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the si<br>planation of local serv | icast), "E" (for rese terms, see tation is outside rice area, see p   | noncommerci<br>page (v) of the<br>the local se<br>page (v) of the | al educational),<br>ne general instru<br>rvice area, (i.e.<br>e general instruc | or "E-M" (for noncuctions located in "distant"), enter "Yetions located in the | es". If not, enter "No". For an ex<br>ne paper SA3 form  |      |  |  |
| cable system carried to carried the distant state.  For the retransmissions.                              | the distant stati<br>tion on a part-t<br>sion of a distan   | on during the<br>me basis bed<br>t multicast st                   | accounting per<br>cause of lack of<br>ream that is not                          | riod. Indicate by en<br>activated channel<br>subject to a royal                | ty payment because it is the subjec  |      |  |  |
| the cable system and<br>tion "E" (exempt). For<br>explanation of these t                                  | a primary trans<br>simulcasts, als<br>hree categories   | smitter or an a<br>so enter "E". I<br>s, see page (v              | association repr<br>f you carried the<br>v) of the genera                       | resenting the prima<br>e channel on any o<br>I instructions locat              | ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the |      |  |  |
|   | Canadian stati  | ons, if any, gi   | ve the name of  | the community with   | th which the station is identifed  |      |  |  |
|   | _   | CHANN   | EL LINE-UP  | AK   |  |      |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |      |  |  |
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| LEGAL NAME OF OWN  | NER OF CABLE SY   | /STEM:                         |                                      |                                      | SYSTEM ID#   |      |  |  |
|--|---|--------------------------------|--------------------------------------|--------------------------------------|--|------|--|--|
| CABLE ONE, II  | NC.   |                                |                                      |                                      | 007412   | Name |  |  |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON                             |                                      |                                      |  |      |  |  |
| carried by your cable<br>FCC rules and regular<br>76.59(d)(2) and (4), 70  | n 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   | 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 sub   | stitute basis                  | . ,                                  | ·                                    | 5 5,   |      |  |  |
|  | <ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe<br/>basis. For further information concerning substitute basis stations, see page (v) of the general instructions located<br/>in the paper SA3 form</li> </ul>   |                                |                                      |                                      |  |      |  |  |
| 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 th  | e channel num   | ber the FCC                    | has assigned to                      | the television sta                   | ition for broadcasting over-the-air ir   |      |  |  |
| on which your cable s  | ystem carried   | the station                    |                                      |                                      | s may be different from the channe lependent station, or a noncommercia  |      |  |  |
| (for independent multi<br>For the meaning of the   | icast), "E" (for r<br>ese terms, see  | noncommerci<br>page (v) of the | al educational),<br>ne general instr | or "E-M" (for noncuctions located in | cast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>'es". If not, enter "No". For an ex |      |  |  |
| planation of local serv  |   |                                |                                      |                                      |  |      |  |  |
|  |   |                                | •                                    | •                                    | , stating the basis on which you<br>ntering "LAC" if your cable syster   |      |  |  |
| carried the distant sta  | •   |                                |                                      |                                      | capacity ty payment because it is the subjec   |      |  |  |
|  |   |                                |                                      |                                      | ystem or an association representin  |      |  |  |
| ,  |   |                                | •                                    | • .                                  | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe   |      |  |  |
| explanation of these t   | hree categorie:   | s, see page (                  | v) of the genera                     | l instructions locat                 | ed in the paper SA3 form   |      |  |  |
|  |   |                                |                                      |                                      | ty to which the station is licensed by the the which the station is identifed  |      |  |  |
| Note: If you are utilize   |   |                                |                                      |                                      |  |      |  |  |
|  |   | CHANN                          | EL LINE-UP                           | AL                                   |  |      |  |  |
| 1. CALL  | 2. B'CAST   | 3. TYPE                        | 4. DISTANT?                          | 5. BASIS OF                          | 6. LOCATION OF STATION   |      |  |  |
| SIGN   | CHANNEL<br>NUMBER   |                                | (Yes or No)                          | CARRIAGE<br>(If Distant)             | 6. LOCATION OF STATION   |      |  |  |
|  |   |                                |                                      |                                      |  |      |  |  |
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| LEGAL NAME OF OWN  | ER OF CABLE SY   | STEM:                         |                            |   | SYSTEM ID#   |      |  |
|--|--|-------------------------------|----------------------------|---|--|------|--|
| CABLE ONE, II  | NC.  |                               |                            |   | 007412   | Name |  |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON                            |                            |   |  |      |  |
| carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba   | 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 F0 • Do not list the station   | CC rules, regul<br>here in space   | ations, or aut<br>G—but do li | horizations                |   | nent and Program Log)—if th∉   |      |  |
| List the station here,<br>basis. For further in<br>in the paper SA3 for  | 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 othe 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   |                               |                            |   |  |      |  |
| cast stream as "WETA<br>WETA-simulcast).<br><b>Column 2:</b> Give th   | a-2". Simulcast<br>e channel num   | streams mus                   | st be reported in          | column 1 (list each                     | ation. For example, report multi ch stream separately; for example tion for broadcasting over-the-air ir |      |  |
| on which your cable s  | ystem carried t  | he station                    |                            |   | s may be different from the channe lependent station, or a noncommercia                                  |      |  |
| 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |  |                               |                            |   |  |      |  |
|  |  | CHANN                         | EL LINE-UP                 | AM                                      |  |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION      | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION   |      |  |
|  |  |                               |                            |   |  |      |  |
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| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:   |   |   | SYSTEM ID#   |            |  |
|---|--|---|---|---|--|------------|--|
| CABLE ONE, II   | NC.  |   |   |   | 007412   | Name       |  |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON  |   |   |  |            |  |
| carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba  | 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 € substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program |   |   |   |  |            |  |
| basis under specifc F0 • Do not list the station  | CC rules, regul<br>n here in space   | ations, or aut<br>G—but do li   | horizations   |   | nent and Program Log)—if th∈   | Television |  |
| 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 othe 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).   |  |   |   |   |  |            |  |
| its community of licens<br>on which your cable s  | se. For exampl<br>ystem carried t  | e, WRC is Cl<br>he station  | nannel 4 in Was   | shington, D.C. This   | tion for broadcasting over-the-air ir s may be different from the channe lependent station, or a noncommercia  |            |  |
| 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 |  |   |   |   |  |            |  |
| the cable system and<br>tion "E" (exempt). For<br>explanation of these the<br>Column 6: Give the  | a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian station  | smitter or an a<br>so enter "E". I<br>s, see page (\<br>ach station. F<br>ons, if any, gi | association repr<br>f you carried the<br>v) of the genera<br>or U.S. stations<br>ve the name of | esenting the prima<br>e channel on any o<br>I instructions locat<br>, list the communi<br>the community wit | ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form ty to which the station is licensed by the the which the station is identifed in channel line-up. |            |  |
|   |  | CHANN   | EL LINE-UP  | AN  |  |            |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |            |  |
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| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:                             |                                    |   | SYSTEM ID#  |      |  |  |
|---|--|-----------------------------------|------------------------------------|---|---|------|--|--|
| CABLE ONE, II   | NC.  |                                   |                                    |   | 007412  | Name |  |  |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON                                |                                    |   |   |      |  |  |
| carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba  | 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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program |                                   |                                    |   |   |      |  |  |
| basis under specifc F0 • Do not list the station  | 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   |                                   |                                    |   |   |      |  |  |
| <ul> <li>station was carried only on a substitute basis</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul>  |  |                                   |                                    |   |   |      |  |  |
| <b>Column 1:</b> 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).  |  |                                   |                                    |   |   |      |  |  |
| its community of licens<br>on which your cable s  | se. For exampl<br>ystem carried t  | e, WRC is Cl<br>he station        | nannel 4 in Was                    | shington, D.C. This                     | tion for broadcasting over-the-air ir s may be different from the channe lependent station, or a noncommercia |      |  |  |
| 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 designal tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form |  |                                   |                                    |   |   |      |  |  |
|   | Canadian stati   | ons, if any, gi<br>innel line-ups | ve the name of<br>, use a separate | the community wi<br>e space G for eac   | ty to which the station is licensed by the the which the station is identifed h channel line-up.              |      |  |  |
|   | 1  | CHANN                             | EL LINE-UP                         | AO                                      |   |      |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION          | 4. DISTANT?<br>(Yes or No)         | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION  |      |  |  |
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| LEGAL NAME OF OWN   | ER OF CABLE SY   | STEM:                    |                            |   | SYSTEM ID#             |      |  |
|---|--|--------------------------|----------------------------|---|------------------------|------|--|
| CABLE ONE, II   | NC.  |                          |                            |   | 007412                 | Name |  |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON                       |                            |   |                        |      |  |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba  | 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 [section: 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 € substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program |                          |                            |   |                        |      |  |
| substitute pasis 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia educational station, by entering the letter "N" (for retwork), "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 ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form  Column 6: Give the contact at station during the accounting period. Indicate by entering "LAC" if your cable |  |                          |                            |   |                        |      |  |
|   |  | CHANN                    | EL LINE-UP                 | AP                                      |                        |      |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
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| LEGAL NAME OF OWN   | IER OF CABLE SY                | STEM:                    |                            |   | SYSTEM ID#             |      |  |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|
| CABLE ONE, II   | NC.                            |                          |                            |   | 007412                 | Name |  |
| PRIMARY TRANSMITTERS: TELEVISION  |                                |                          |                            |   |                        |      |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program  |                                |                          |                            |   |                        |      |  |
| <ul> <li>basis under specifc FCC rules, regulations, or authorizations.</li> <li>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.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</li> <li>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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)</li> <li>For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</li> <li>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form</li> <li>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you</li> </ul> |                                |                          |                            |   |                        |      |  |
| cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  |                                |                          |                            |   |                        |      |  |
|   |                                | CHANN                    | EL LINE-UP                 | AQ                                      |                        |      |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
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| LEGAL NAME OF OWN  | IER OF CABLE SY   | STEM:  |   |   | SYSTEM ID#   |      |  |
|--|---|--|---|---|--|------|--|
| CABLE ONE, I   | NC.   |  |   |   | 007412   | Name |  |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON   |   |   |  |      |  |
| carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7      | n 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 ECC 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  |  |   |   |  |      |  |
| basis. For further in the paper SA3 for                                      | and also in sp<br>nformation con<br>orm.  | ace I, if the st<br>cerning subst                    | itute basis stati   | ons, see page (v)   | titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify                                     |      |  |
| each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).            | associated wi<br>\-2". Simulcast  | th a station ad<br>streams mus                       | ccording to its o<br>at be reported in                    | ver-the-air design<br>n column 1 (list eac                        | ation. For example, report multi<br>ch stream separately; for example  |      |  |
| its community of licen<br>on which your cable s<br><b>Column 3:</b> Indicate | se. For exampl<br>ystem carried t<br>e in each case   | e, WRC is Cl<br>he station<br>whether the s          | nannel 4 in Was   | shington, D.C. This   | tion for broadcasting over-the-air ir s may be different from the channe lependent station, or a noncommercia                                  |      |  |
| (for independent multi<br>For the meaning of the                             | cast), "E" (for rese terms, see tation is outside   | noncommerci<br>page (v) of the<br>the local se       | al educational),<br>ne general instr<br>rvice area, (i.e. | or "E-M" (for noncuctions located in "distant"), enter "Y         | es". If not, enter "No". For an ex   |      |  |
| Column 5: If you he cable system carried to carried the distant sta          | nave entered "\<br>the distant stati<br>tion on a part-t  | es" in columi<br>on during the<br>ime basis bed      | n 4, you must co<br>accounting per<br>cause of lack of    | omplete column 5<br>riod. Indicate by e<br>activated channel      | , stating the basis on which you<br>ntering "LAC" if your cable syster   |      |  |
| the cable system and<br>tion "E" (exempt). For<br>explanation of these t     | a primary trans<br>simulcasts, als<br>hree categories   | smitter or an a<br>so enter "E". I<br>s, see page (v | association repr<br>f you carried the<br>v) of the genera | resenting the prime<br>e channel on any o<br>I instructions locat | ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ded in the paper SA3 form |      |  |
|  | Canadian stati  | ons, if any, gi                                      | ve the name of  | the community wi  | ty to which the station is licensed by the the which the station is identifed he channel line-up.  |      |  |
|  |   | CHANN  | EL LINE-UP  | AR  |  |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION                             | 4. DISTANT?<br>(Yes or No)                                | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                           | 6. LOCATION OF STATION   |      |  |
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| LEGAL NAME OF OWN  | IER OF CABLE SY   | STEM:                             |                                      |   | SYSTEM ID#  |      |  |
|--|---|-----------------------------------|--------------------------------------|---|---|------|--|
| CABLE ONE, II  | NC.   |                                   |                                      |   | 007412  | Name |  |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON                                |                                      |   |   |      |  |
| carried by your cable<br>FCC rules and regular<br>76.59(d)(2) and (4), 70<br>substitute program ba   | n 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 |                                   |                                      |   |   |      |  |
|  | <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute progran 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,<br>basis. For further in<br>in the paper SA3 for  | and also in sp<br>nformation con<br>orm.  | ace I, if the st<br>cerning subst | itute basis stati                    | ons, see page (v)                       | titute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). |   |                                   |                                      |   |   |      |  |
|  |   |                                   | -                                    |   | ation for broadcasting over-the-air ir<br>s may be different from the channe  |      |  |
|  | e in each case  | whether the                       |                                      |   | dependent station, or a noncommercia  |      |  |
| (for independent multi<br>For the meaning of the   | cast), "E" (for rese terms, see   | noncommerci<br>page (v) of the    | al educational),<br>ne general instr | or "E-M" (for noncuctions located in    | icast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>Yes". If not, enter "No". For an ex |      |  |
| planation of local serv  | ice area, see p   | age (v) of the                    | general instruc                      | ctions located in th                    |   |      |  |
| •  | the distant stati   | on during the                     | accounting per                       | riod. Indicate by e                     | ntering "LAC" if your cable syster  |      |  |
| For the retransmiss  | sion of a distan  | t multicast st                    | ream that is not                     | subject to a royal                      | ty payment because it is the subjec<br>ystem or an association representin  |      |  |
| the cable system and   | a primary trans   | smitter or an                     | association repr                     | resenting the prim                      | ary transmitter, enter the designa  |      |  |
| explanation of these the   | hree categories   | s, see page (v                    | v) of the genera                     | l instructions locat                    | other basis, enter "O." For a furthe  |      |  |
|  |   |                                   |                                      |   | ty to which the station is licensed by the<br>th which the station is identifed   |      |  |
| Note: If you are utilizi   | ng multiple cha   | nnel line-ups                     | , use a separate                     | e space G for eac                       | h channel line-up.  |      |  |
|  | _   | CHANN                             | EL LINE-UP                           | AS                                      |   |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION          | 4. DISTANT?<br>(Yes or No)           | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION  |      |  |
|  |   |                                   |                                      |   |   |      |  |
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| LEGAL NAME OF OWN  | IER OF CABLE SY  | 'STEM:                   |                            |   | SYSTEM ID#             |      |  |
|--|--|--------------------------|----------------------------|---|------------------------|------|--|
| CABLE ONE, II  | NC.  |                          |                            |   | 007412                 | Name |  |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON                       |                            |   |                        |      |  |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba   | 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air is its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form  Column 6: Give the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried |  |                          |                            |   |                        |      |  |
|  |  | CHANN                    | EL LINE-UP                 | AT                                      |                        |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
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| LEGAL NAME OF OWN  | ER OF CABLE SY  | STEM:  |  |   | SYSTEM ID#  |                                    |
|--|---|--|--|---|---|------------------------------------|
| CABLE ONE, II  | NC.   |  |  |   | 007412  | Name                               |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON   |  |   |   |                                    |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba   | system during to ions in effect of 3.61(e)(2) and sis, as explained | the accounting June 24, 19<br>(4), or 76.63<br>(ed in the next | g period except<br>981, permitting<br>(referring to 76.<br>paragraph | t (1) stations carrie<br>the carriage of cer<br>61(e)(2) and (4))]; | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: Television |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran 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 othe 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation of local service area, see page (and 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 you cable system carrie |   |  |  |   |   |                                    |
|  |   | CHANN  | EL LINE-UP   | AU  |   |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER                                      | 3. TYPE<br>OF<br>STATION                                       | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                             | 6. LOCATION OF STATION  |                                    |
|  |   |  |  |   |   |                                    |
|  |   |  |  |   |   |                                    |

| LEGAL NAME OF OWN  | IER OF CABLE SY                                       | STEM:  |   |   | SYSTEM ID#   |                                 |  |  |
|--|---|--|---|---|--|---------------------------------|--|--|
| CABLE ONE, II  | NC.   |  |   |   | 007412   | Name                            |  |  |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON   |   |   |  |                                 |  |  |
| carried by your cable FCC rules and regular  | system during<br>tions in effect of<br>6.61(e)(2) and | the accounting June 24, 19 (4), or 76.63       | ng period except<br>981, permitting<br>(referring to 76.  | t (1) stations carrie<br>the carriage of cer              | is and low power television stations)<br>ed only on a part-time basis under<br>rtain network programs [sections<br>and (2) certain stations carried on a | <b>G</b> Primary  Transmitters: |  |  |
| Substitute Basis   | Stations: With  | respect to ar                                  | y distant station   | ns carried by your  | cable system on a substitute progran   | Television                      |  |  |
|  | n here in space                                       | G—but do li                                    |   | the Special Staten  | nent and Program Log)—if the   |                                 |  |  |
|  | and also in sp<br>nformation con                      | ace I, if the st                               |   |   | titute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). |   |  |   |   |  |                                 |  |  |
|  |   |  | -   |   | ation for broadcasting over-the-air ir<br>s may be different from the channe   |                                 |  |  |
| on which your cable s  | ystem carried t                                       | he station                                     |   |   | dependent station, or a noncommercia   |                                 |  |  |
| (for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the st   | cast), "E" (for rese terms, see tation is outside     | noncommerci<br>page (v) of the<br>the local se | al educational),<br>ne general instr<br>rvice area, (i.e. | or "E-M" (for noncuctions located in "distant"), enter "Y | es". If not, enter "No". For an ex   |                                 |  |  |
|  | nave entered "\<br>he distant stati                   | es" in columi<br>on during the                 | n 4, you must co<br>accounting per                        | omplete column 5,<br>riod. Indicate by ei                 | , stating the basis on which you<br>ntering "LAC" if your cable syster   |                                 |  |  |
| of a written agreemen  | t entered into o                                      | n or before J                                  | une 30, 2009, b   | oetween a cable sy  | ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa   |                                 |  |  |
| tion "E" (exempt). For   | simulcasts, als                                       | o enter "E". I                                 | f you carried the   | e channel on any o  | other basis, enter "O." For a furthe<br>ted in the paper SA3 form  |                                 |  |  |
| Column 6: Give th  | e location of ea                                      | ach station. F                                 | or U.S. stations  | , list the communi  | ty to which the station is licensed by the the which the station is identifed  |                                 |  |  |
| Note: If you are utilize   |   |  |   |   |  |                                 |  |  |
|  |   | CHANN  | EL LINE-UP  | AV  |  |                                 |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER                        | 3. TYPE<br>OF<br>STATION                       | 4. DISTANT?<br>(Yes or No)                                | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                   | 6. LOCATION OF STATION   |                                 |  |  |
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| FORM SASE, FAGE 3.  |   |  |   |   |   |                             |
|---|---|--|---|---|---|-----------------------------|
| CABLE ONE, II   |   | STEM:  |   |   | SYSTEM ID#<br>007412  | Name                        |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON   |   |   |   |                             |
| carried by your cable FCC rules and regulat 76.59(d)(2) and (4), 76.59  | system during<br>tions in effect of<br>5.61(e)(2) and                             | the accountin<br>on June 24, 19<br>(4), or 76.63                                       | g period except<br>981, permitting to 76.   | t (1) stations carrie<br>the carriage of cer  | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a | G<br>Primary                |
| substitute program ba  Substitute Basis \$  | •   |  |   | ns carried by your  | cable system on a substitute progran  | Transmitters:<br>Television |
| basis under specifc F0  | CC rules, regul   | ations, or aut   | horizations   |   |   | 10.01.0.0                   |
| <ul> <li>Do not list the station<br/>station was carried</li> </ul>   | •   |  | st it in space I (t   | the Special Staten  | nent and Program Log)—if the  |                             |
| <ul> <li>List the station here,</li> </ul>  | and also in sp<br>nformation con  | ace I, if the st   |   |   | titute basis and also on some othe of the general instructions located  |                             |
|   |   | -  |   |   | es such as HBO, ESPN, etc. Identify   |                             |
|   |   |  | •   | •   | ation. For example, report multi<br>ch stream separately; for example   |                             |
| WETA-simulcast).  | o obonnol num   | har the ECC  | haa aasianad ta   | the television etc  | tion for broadcasting over the ciris  |                             |
|   |   |  | •   |   | tion for broadcasting over-the-air ir smay be different from the channe   |                             |
| on which your cable s   | ,   |  | station is a natu   | vark station on inc   | lependent station, or a noncommercia  |                             |
| educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the st<br>planation of local serv | entering the locast), "E" (for rese terms, see reation is outside ice area, see p | etter "N" (for r<br>noncommercia<br>page (v) of the<br>the local ser<br>age (v) of the | network), "N-M"<br>al educational),<br>ne general instru<br>vice area, (i.e.<br>general instruc | (for network multi<br>or "E-M" (for noncuctions located in<br>"distant"), enter "Y<br>ctions located in the | icast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>'es". If not, enter "No". For an ex         |                             |
| -   |   |  | -   | •   | ntering "LAC" if your cable syster  |                             |
| carried the distant state   | •   |  |   |   |   |                             |
|   |   |  |   |   | ty payment because it is the subjec<br>ystem or an association representin  |                             |
| the cable system and  | a primary trans   | smitter or an a  | association repr  | esenting the prim   | ary transmitter, enter the designa  |                             |
|   |   |  |   |   | other basis, enter "O." For a furthe led in the paper SA3 form  |                             |
| Column 6: Give th   | e location of ea  | ach station. F   | or U.S. stations  | , list the communi  | ty to which the station is licensed by the  |                             |
| FCC. For Mexican or Note: If you are utilizing  |   |  |   | · ·   | th which the station is identifed   |                             |
| Note: If you are utilize  | III Multiple one  | •  | EL LINE-UP  | •   | i Granner inte-up.  |                             |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                             |
|   | NONDER  | OTATION  |   | (II Distant)  |   |                             |
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE. INC. 007412 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Primary Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

| FURINI SAJE. PAGE 5.  |                       |                           |  |                           |                            | ACCOUNTING           | PERIOD: 2024/2               |
|---|-----------------------|---------------------------|--|---------------------------|----------------------------|----------------------|------------------------------|
| LEGAL NAME OF OWNER OF CABLE ONE, INC.                          | CABLE SYST            | ЕМ:                       |  |                           | •                          | 6YSTEM ID#<br>007412 | Name                         |
| SUBSTITUTE CARRIAGI In General: In space I, ident               | ify every nor         | network televis           | sion program broadcast by a                                | a distant statio          |                            |                      | ı                            |
| substitute basis during the a explanation of the programm form. |                       |                           |  |                           |                            |                      | Substitute                   |
| 1. SPECIAL STATEMEN   | T CONCER              | NING SUBST                | TITUTE CARRIAGE  |                           |                            |                      | Carriage:<br>Special         |
| During the accounting per<br>broadcast by a distant sta         | tion?                 |                           |  |                           | Yes                        | XNo                  | Statement and<br>Program Log |
| <b>Note:</b> If your answer is "No log in block 2.              | ", leave the          | rest of this pag          | ge blank. If your answer is                                | "Yes," you m              | oust complete the progra   | am                   |                              |
| 2. LOG OF SUBSTITUTE In General: List each subs                 |                       |                           | te line. Use abbreviations                                 | wherever po               | ssible, if their meaning   | s                    |                              |
| clear. If you need more spa                                     | ice, please           | attach addition           | al pages.  | ·                         | •                          |                      |                              |
| <b>Column 1:</b> Give the title period, was broadcast by a      |                       |                           | ision program (substitute p<br>our cable system substitute |                           |                            | ation                |                              |
| under certain FCC rules, re                                     | gulations, o          | r authorization           | s. See page (vi) of the ger                                | eral instructi            | ons located in the pape    |                      |                              |
| SA3 form for futher informatitles, for example, "I Love I       |                       |                           |  | <sup>-</sup> "basketball" | . List specific program    |                      |                              |
|   |                       |                           | r "Yes." Otherwise enter "Nasting the substitute progra    |                           |                            |                      |                              |
| Column 4: Give the broa   | adcast statio         | on's location (th         | ne community to which the                                  | station is lice           |                            |                      |                              |
| the case of Mexican or Car<br>Column 5: Give the mor            |                       |                           | tem carried the substitute                                 |                           |                            | onth                 |                              |
| first. Example: for May 7 gi                                    |                       | substitute pro            | gram was carried by your                                   | cable system              | List the times accurat     | elv                  |                              |
| to the nearest five minutes.                                    |                       |                           |  |                           |                            | Oly                  |                              |
| stated as "6:00–6:30 p.m."  Column 7: Enter the lett            | er "R" if the         | listed program            | was substituted for progra                                 | amming that v             | vour system was require    | ed                   |                              |
| to delete under FCC rules a                                     | and regulation        | ons in effect du          | uring the accounting period                                | l; enter the le           | tter "P" if the listed pro |                      |                              |
| gram was substituted for prefect on October 19, 1976            |                       | that your syste           | em was permitted to delete                                 | under FCC                 | rules and regulations in   | l                    |                              |
|   |                       |                           |  | \A/LIF                    | EN SUBSTITUTE              |                      |                              |
| S   | UBSTITUT              | E PROGRAM                 |  |                           | IAGE OCCURRED              | 7. REASON<br>FOR     |                              |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                      | 5. MONTH<br>AND DAY       | 6. TIMES<br>FROM — TO      | DELETION             |                              |
|   |                       |                           |  |                           |                            |                      |                              |
|   |                       |                           |  |                           |                            |                      |                              |
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|   |                       |                           |  |                           |                            |                      |                              |

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

| Name                              | CABLE ONE  |  | E SYSTEM:     |    |           |      |               |        |              | S    | YSTEM ID#<br>007412 |
|-----------------------------------|--|--|---------------|----|-----------|------|---------------|--------|--------------|------|---------------------|
|                                   | PART-TIME CA   | ARRIAGE I OG   |               |    |           |      |               |        |              |      |                     |
| J<br>Part-Time<br>Carriage<br>Log | In General: Thi time carriage du hours your syste Column 1 (Column 5 of space Column 2 (Dourred during the Give the mont "4/10."  • State the start television statio "app." Example | State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation app." Example: "12:30 a.m.– 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– |               |    |           |      |               |        |              |      |                     |
|                                   |  |  | DAT           | ES | AND HOURS | OF F | PART-TIME CAF | RRIAGE |              |      |                     |
|                                   |  | WHEN   | N CARRIAGE OC | CU | RRED      |      |               | WHEN   | N CARRIAGE O | CCUF | RRED                |
|                                   | CALL SIGN  |  | HC            | UR | lS .      |      | CALL SIGN     |        | Н            | OUR  | S                   |
|                                   |  | DATE   | FROM          |    | ТО        |      |               | DATE   | FROM         |      | ТО                  |
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| LEGA   | IL NAME OF OWNER OF CABLE SYSTEM:  |                           | SYSTEM ID#  |  |
|--|--|---------------------------|---|--|
| CA   | BLE ONE, INC.  |                           | 007412  | Name   |
| Inst<br>all a<br>(as<br>pag  | 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 secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  | ondary tran<br>ompute thi | esmission service<br>is amount, see<br>613,710.30 | <b>K</b><br>Gross Receipts   |
| IMP  | ORTANT: You must complete a statement in space P concerning gross receipts.  | (Amo                      | ount of gross receipts)                           |  |
| <ul><li>Con</li><li>Con</li><li>If you</li><li>If you</li><li>If you</li></ul> | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: helete block 1, showing your minimum fee. helete block 2, showing whether your system carried any distant television stations. For under the properties of the properties |                           |   | Copyright<br>Royalty Fee   |
|  | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should by $k$ 3 below.   | e entered o               | on line 1 of                                      |  |
| ▶ If pa  | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ slow.  | entered on                | line 2 in block                                   |  |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.  | uld be ente               | ered on line                                      |  |
|  | <b>MINIMUM FEE:</b> 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<br>Line 2. Multiply the amount in line 1 by 0.01064  | \$                        | 613,710.30  |  |
|  | Enter the result here. This is your minimum fee.   | \$                        | 6,529.88  |  |
|  | 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 period Yes—Complete the DSE schedule.    No—Leave block 3 below blank and columns are considered in the columns and columns are considered in the columns are columns are considered in the columns are columns are considered in the columns are columns.  | nn 4, you m               | nust check  |  |
| Block<br>3   | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  | <u></u> \$                | -   |  |
|  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   |                           | 0.00  |  |
|  | Line 3. Add lines 1 and 2 and enter here   | \$                        | -   |  |
| Block<br>4   | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger   | \$                        | 6,529.88  | 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   | ·                         | 0.00  | submitting<br>additional   |
|  | zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)  |                           | 0.00  | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |
|  | Line 4. FILING FEE   | _\$_                      | 725.00  | additional fees. Division for the appropriate                          |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here   | \$                        | 7,254.88  | form for submitting the additional fees.                               |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separetal instructions located in the paper SA3 form for more information.)  | See page (                | (i) of the  |  |

| Name                         | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412   |
|------------------------------|---|
| M<br>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  |
|                              | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services   |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)   |
| for Further<br>Information   | Name JENAE HECK Telephone 602-364-6092  Address 210 E. EARLL DRIVE  |
|                              | (Number, street, rural route, apartment, or suite number)  PHOENIX, AZ 85012-2626  (City, town, state, zip)   |
|                              | Email Jenae.Heck@cableone.biz Fax (optional) 602-364-6013   |
| O<br>Certification           | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  |
| Coranounon                   | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or   |
|                              | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  |
|                              | <ul> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>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)]     </li> </ul> |
|                              | X /s/ Chritopher Arntzen  |
|                              | 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: CHRISTOPHER ARNTZEN  |
|                              | Title: SR VICE PRESIDENT  (Title of official position held in corporation or partnership)   |
|                              | Date: February 24, 2025   |

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 the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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#   | Name  |
|---|---|
| CABLE ONE, INC. 007412  | 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 following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| made by satellite carriers to satellite dish owners?  X NO  |   |
| YES. Enter the total here and list the satellite carrier(s) below   |   |
| Name Mailing Address Mailing Address Mailing Address  |   |
|   |   |
| INTEREST ASSESSMENTS  |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  | Q   |
| Line 1 Enter the amount of late payment or underpayment   | Interest<br>Assessment  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  |   |
|   |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)   |   |
| (interest charge)   |   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please 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 original 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 the 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.

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

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

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

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

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

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

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

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

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

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

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

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

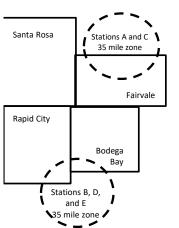
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### EXAMPLE:

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

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



| Di  | stant Stations Carried |       | Identification of | f Subscriber Groups    |                  |
|-----|------------------------|-------|-------------------|------------------------|------------------|
| ST  | TATION                 | DSE   | CITY              | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| n A | (independent)          | 1.0   |                   | SERVICE AREA OF        | FROM SUBSCRIBERS |
| В   | (independent)          | 1.0   | Santa Rosa        | Stations A, B, C, D ,E | \$310,000.00     |
| С   | (part-time)            | 0.083 | Rapid City        | Stations A and C       | 100,000.00       |
| D   | (part-time)            | 0.139 | Bodega Bay        | Stations A and C       | 70,000.00        |
| E   | (network)              | 0.25  | Fairvale          | Stations B, D, and E   | 120,000.00       |
| TC  | OTAL 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       | LEGAL NAME OF OWNER OF CABLI            | E CVCTEM                   |                                   |                  | 67                       | YSTEM ID# |
|--------------------------|---|----------------------------|-----------------------------------|------------------|--------------------------|-----------|
| 1                        |   | E STSTEIN:                 |                                   |                  | 3                        |           |
| -                        | CABLE ONE, INC.                         |                            |                                   |                  |                          | 007412    |
|                          | SUM OF DSEs OF CATEGOR                  |                            | IS:                               |                  |                          |           |
|                          | Add the DSEs of each station            |                            |                                   |                  | 0.00                     |           |
|                          | Enter the sum here and in line          | 1 of part 5 of this        | s schedule.                       |                  | 0.00                     |           |
| _                        | Instructions:                           |                            |                                   |                  |                          | -         |
| 2                        | In the column headed "Call S            | <b>Sign":</b> list the cal | I signs of all distant stations i | dentified by the | e letter "O" in column 5 |           |
|                          | of space G (page 3).                    |                            |                                   |                  |                          |           |
| Computation              | In the column headed "DSE"              | : for each indepe          | endent station, give the DSE      | as "1.0"; for ea | ach network or noncom-   |           |
|                          | mercial educational station, given      | /e the DSE as ".∠          |                                   | 0.005            |                          |           |
| Category "O"<br>Stations | CALL SIGN                               | Dec                        | CATEGORY "O" STATION              | S: DSES          | CALL SIGN                | DOE       |
| Stations                 | CALL SIGN                               | DSE                        | CALL SIGN                         | DSE              | CALL SIGN                | DSE       |
|                          |   |                            |                                   |                  |                          |           |
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|                          |   |                            |                                   |                  |                          |           |
|                          |   |                            |                                   |                  |                          |           |
| Add rows as              |   |                            |                                   |                  |                          |           |
| necessary.               |   |                            |                                   |                  |                          |           |
| Remember to copy all     |   |                            |                                   |                  |                          |           |
| formula into new         |   |                            |                                   |                  |                          |           |
| rows.                    |   |                            |                                   |                  |                          |           |
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|                          |   |                            |                                   |                  |                          |           |
|                          |   |                            |                                   | 1                |                          |           |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007412 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 3 Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, **Carried Part** Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE SIGN OF HOURS OF HOURS **CARRIAGE** VALUE **CARRIED BY STATION** VALUE SYSTEM ON AIR ÷ = x = SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 1. CALL 2. NUMBER 3. NUMBER 4 DSF 4. DSE OF DAYS OF DAYS SIGN OF SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, ...... TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 **Total Number** 1. Number of DSEs from part 2 ● 0.00 of DSFs Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 • 0.00 TOTAL NUMBER OF DSEs

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

| CABLE ONE, I                                   | OWNER OF CABLE   | SYSTEM:   |  |  |  |  | S'                    | YSTEM ID#<br>007412 | Name  |
|--|--|---|--|--|--|--|-----------------------|---------------------|---|
| Instructions: Bloo                             | ck A must be comp  | oleted.   |  |  |  |  |                       |                     |   |
| •  | "Yes," leave the re  | emainder of p   | part 6 and part  | 7 of the DSE sche  | edule blank ar   | nd complete pa   | art 8, (page 16) of   | the                 | 6   |
| schedule.  If your answer if                   | "No," complete blo   | ocks B and C  | below.   |  |  |  |                       |                     |   |
|  |  |   | BLOCK A: T   | ELEVISION M.   | ARKETS   |  |                       |                     | Computation o<br>3.75 Fee                                       |
| effect on June 24,                             |  |   | •  |  |  |  |                       | gulations in        | 5   |
|  | oplete part 8 of the plete blocks B and  |   | DO NOT COM   | PLETE THE REMA   | AINDER OF F  | PART 6 AND 7   |                       |                     |   |
|  |  | BLO   | CK B: CARR   | IAGE OF PERI   | MITTED DS  | Es   |                       |                     |   |
| Column 1:<br>CALL SIGN                         | under FCC rules  | and regulati<br>ne DSE Sche   | ons prior to Ju<br>edule. (Note: T   | part 2, 3, and 4 one 25, 1981. For fine letter M below reduced Act of 2010.) | urther explana   | ation of permit  | ted stations, see t   | the                 |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC r. A Stations carrivation of the factor of t | ules and regued pursuant on as define al education d station (76. or DSE schee ant to individ viously carri | ulations cited b<br>to the FCC ma<br>d in 76.5(kk) (7<br>al station [76.5<br>65) (see parac<br>dule).<br>ual waiver of F<br>ed on a part-tir<br>vithin grade-B | ne or substitute ba<br>contour, [76.59(d)                                    | ose in effect of<br>76.57, 76.59(b<br>(e)(1), 76.63(a<br>63(a) referring<br>abstitution of g | n June 24, 198<br>r), 76.61(b)(c),<br>referring to 7<br>g to 76.61(d)]<br>randfathered s | 76.63(a) referring    |                     |   |
| Column 3:                                      |  | e stations ide  | entified by the I  | n parts 2, 3, and 4<br>etter "F" in columr                                   |  |  | vorksheet on pag      | e 14 of             |   |
| 1. CALL<br>SIGN                                | 2. PERMITTED<br>BASIS  | 3. DSE  | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS  | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS | 3. DSE              |   |
|  |  |   | •  |  |  | •  |                       |                     |   |
|  |  |   |  |  |  |  |                       |                     |   |
|  |  |   |  |  |  | •  |                       |                     |   |
|  |  |   |  |  |  |  |                       |                     |   |
|  |  |   |  |  |  |  |                       | 0.00                |   |
|  |  |   |  | MOUTATION OF   | - 0 75 555   |  |                       | 0.00                |   |
|  |  |   |  | MPUTATION OF   | - 3./5 FEE   |  |                       |                     |   |
|  | total number of  |   |  |  |  |  | ,                     |                     |   |
| .ine ∠: Enter the                              | sum of permitte  | d DSES ITO  | m block B ab   | ove  |  |  |                       |                     |   |
|  | line 2 from line 1<br>eave lines 4–7 b   |   |  | •  |  | rate.  | n <del></del>         | 0.00                |   |
| ine 4: Enter gro                               | oss receipts from  | space K (p  | page 7)  |  |  |  | x 0.03                | 375                 | Do any of the<br>DSEs represer<br>partially                     |
| ine 5: Multiply I                              | ine 4 by 0.0375 a  | and enter s   | um here  |  |  |  |                       |                     | permited/<br>partially  |
| _ine 6: Enter tota                             | al number of DSI   | Es from line  | ÷ 3  |  |  |  | X                     |                     | nonpermitted<br>carriage?<br>If yes, see par<br>9 instructions. |
| ine 7: Multiply I                              | ine 6 by line 5 ar   | nd enter hei  | re and on line   | 2, block 3, spac   | e L (page 7)   |  |                       | 0.00                |   |

| ABLE ONE, IN    | WNER OF CABLES        | STOTEWI. |   |                       |           |                 | 3                     | YSTEM ID#<br>007412 | Name           |
|-----------------|-----------------------|----------|---|-----------------------|-----------|-----------------|-----------------------|---------------------|----------------|
|                 |                       | BLOCK    | A: TELEVIS                              | SION MARKETS          | S (CONTIN | UED)            |                       |                     |                |
| 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS |          |   | 2. PERMITTED<br>BASIS |           | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE              | 6              |
|                 |                       |          |   |                       |           |                 |                       |                     | Computation of |
|                 |                       |          | *************************************** |                       |           |                 |                       |                     | 3.75 Fee       |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
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|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
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|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
| *****           |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
| ****            |                       |          |   |                       |           |                 |                       |                     |                |
| ****            |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       |           |                 |                       |                     |                |
|                 |                       |          |   |                       | •         |                 |                       |                     | ii             |

**ACCOUNTING PERIOD: 2024/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007412 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating 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. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls 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? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN 0.00 0.00 TOTAL DSEs TOTAL DSEs

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| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412  | Name                                |
|---------------|--|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                                     |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 7                                   |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | Computation                         |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | of the<br>Syndicated<br>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   | Surcharge                           |
| • Is an       | // 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<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in 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<br>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   | -                                   |
|               |  | -                                   |
| Section<br>4a | 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 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) |                                     |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)   |                                     |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) 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                                |                  |  | SYSTEM ID# |
|-------------------------------------|------------------|--|------------|
|                                     | <u>'</u>         | CABLE ONE, INC.  | 007412     |
| 7                                   | Section<br>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<br>Syndicated<br>Exclusivity |                  | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$   |            |
| Surcharge                           |                  | C. Multiply line B by 3.000 and enter here   |            |
|                                     |                  | D. Enter 0.00089 of gross receipts (the amount in section 1)   |            |
|                                     |                  | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here   |            |
|                                     |                  | F. Multiply line D by line E and enter here  |            |
|                                     |                  | G. Add lines A, C, and F. This is your surcharge.  |            |
|                                     |                  | Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge  |            |
|                                     | Instru           | ctions:  |            |
| 8                                   |                  | uset complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p   | art        |
|                                     |                  | checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.   |            |
| Computation                         |                  | ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.   |            |
| of<br>Base Rate Fee                 | If you     blank | ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel   | low        |
| Dase Nate Fee                       |                  | 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  | al         |
|                                     | service          | e area," see page (v) of the general instructions.   |            |
|                                     |                  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |            |
|                                     | • Did y          | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |            |
|                                     |                  | X Yes—Complete part 9 of this schedule. No—Complete the following sections.  |            |
|                                     |                  | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |            |
|                                     | Section<br>1     | Enter the amount of gross receipts from space K (page 7)   |            |
|                                     | Section          | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  |            |
|                                     | 2                | (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶  |            |
|                                     | Section          |  |            |
|                                     | 3                | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |            |
|                                     |                  | A. Enter 0.01064 of gross receipts  (the amount in section 1)  |            |
|                                     |                  | B. Enter 0.00701 of gross receipts  (the amount in section 1)  |            |
|                                     |                  | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  |            |
|                                     |                  | D. Multiply line B by line C and enter here  |            |
|                                     |                  | E. Add lines A, and D. This is your base rate fee. Enter here  |            |
|                                     |                  | and in block 3, line 1, space L (page 7)   | 0.00       |
|                                     |                  | Base Rate Fee  | 0.00       |

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

|                  |   | 1 PERIOD: 2024/2                      |
|------------------|---|---------------------------------------|
|                  |   | Name                                  |
| CABL             | LE ONE, INC. 007412   |                                       |
| Section 4        | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |                                       |
| 4                | 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)  **State  | Computation of Base Rate Fee          |
|                  | 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)  **State of the image is a section 1.**  **State of the image is |                                       |
|                  |   |                                       |
|                  | 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 <b>&gt;</b> \$  |                                       |
|                  | 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  |                                       |
| shall in         | RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-  | 9                                     |
| •                | Space G.  eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude  |                                       |
| receipt          | s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:  | Computation                           |
|                  |   | Base Rate Fee and                     |
|                  | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of   | Syndicated                            |
| DSEs a           | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  | Exclusivity<br>Surcharge              |
| Finally          | Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  | for                                   |
| must a           | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.   | Partially<br>Distant<br>Stations, and |
| How to           | oldentify a Subscriber Group for Partially Distant Stations   | for Partially<br>Permitted            |
| •                | : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.  | Stations                              |
| outside          | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by   |                                       |
|                  | ne token, the station is distant to the subscriber.)  |                                       |
| subscr           | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |                                       |
| subscr           | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.   |                                       |
|                  | n section:  |                                       |
|                  | fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the  |                                       |
| subscr           | bers in the group.  |                                       |
| • If:<br>1) your | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,  |                                       |
| and 4            | of this schedule; or,  portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,   |                                       |
| part             | 6 of this schedule.   |                                       |
|                  | he DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                                       |
| in the           | e paper SA3 form.   |                                       |
| page.            | bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show   |                                       |

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your actual calculations on the form.

|      |   | JLE. PAGE 1 |
|------|---|-------------|
| Name |   | STEM ID     |
| -    | CABLE ONE, INC.   | 00741       |
|      | 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   | Э           |
|      | 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.   |             |
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| וח                                  |          |                   |         |                                |           |                | 007412    | Name                |
|-------------------------------------|----------|-------------------|---------|--------------------------------|-----------|----------------|-----------|---------------------|
| BI                                  | OCK A: ( | COMPUTATION OF    | BASE RA | TE FEES FOR EAC                | H SUBSCR  | IBER GROUP     |           |                     |
|                                     | FIRST    | SUBSCRIBER GROU   | JP      |                                | SECOND    | SUBSCRIBER GRO | UP        | ^                   |
| COMMUNITY/ AREA                     | Ardmo    | re, Carter,Long G |         | COMMUNITY/ AREA                | Marietta  | 1              |           | 9<br>Computatio     |
| CALL SIGN                           | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       | of                  |
|                                     |          |                   |         |                                |           |                |           | Base Rate Fo        |
|                                     |          |                   |         |                                |           |                |           | and                 |
|                                     |          |                   |         |                                |           |                |           | Syndicated          |
|                                     |          |                   |         |                                |           |                |           | Exclusivity         |
|                                     |          |                   |         |                                |           |                |           | Surcharge           |
|                                     |          |                   |         |                                |           |                |           | for                 |
|                                     |          |                   |         |                                |           |                |           | Partially           |
|                                     |          |                   | <b></b> |                                |           |                |           | Distant<br>Stations |
|                                     |          |                   |         |                                |           |                |           | SIGNOTIS            |
|                                     |          |                   |         |                                |           |                |           |                     |
|                                     |          | -                 |         |                                |           |                |           |                     |
|                                     |          | -                 |         |                                |           |                |           |                     |
|                                     |          |                   |         |                                |           |                | ••••••    |                     |
|                                     |          |                   |         |                                |           |                |           |                     |
| otal DSEs                           |          |                   | 0.00    | Total DSEs                     |           |                | 0.00      |                     |
|                                     |          |                   |         |                                |           |                |           |                     |
| ross Receipts First G               | roup     | \$ 550            | ,735.68 | Gross Receipts Seco            | ond Group | \$             | 26,969.14 |                     |
| <b>ase Rate Fee</b> First Gı        | roup     | \$                | 0.00    | Base Rate Fee Seco             | and Group | \$             | 0.00      |                     |
|                                     | THIRD    | SUBSCRIBER GROU   | JP      |                                | FOURTH    | SUBSCRIBER GRO | IJP       |                     |
| OMMUNITY/ AREA                      |          | Marshall County,  |         | COMMUNITY/ AREA                |           |                | 0         |                     |
| CALL SIGN                           |          |                   |         |                                |           |                |           |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
|                                     | DSE      | CALL SIGN         | DSE     | CALL SIGN                      | DSE       | CALL SIGN      | DSE       |                     |
| otal DSEs                           | DSE      | CALL SIGN         | DSE     | Total DSEs                     | DSE       | CALL SIGN      | DSE       |                     |
|                                     |          |                   | 0.00    | Total DSEs                     |           |                | 0.00      |                     |
|                                     |          |                   |         |                                |           | CALL SIGN      |           |                     |
| otal DSEs<br>iross Receipts Third G | Group    |                   | 0.00    | Total DSEs                     | th Group  |                | 0.00      |                     |
| ross Receipts Third G               | Group    | s 36              | 0.00    | Total DSEs Gross Receipts Four | th Group  | \$             | 0.00      |                     |

| LEGAL NAME OF OWN       |       | LE SYSTEM:                      |        |                    |           | S                                       | 007412      | Name                |
|-------------------------|-------|---------------------------------|--------|--------------------|-----------|---|-------------|---------------------|
| E                       |       | COMPUTATION O<br>SUBSCRIBER GRO |        | TE FEES FOR EAC    |           | RIBER GROUP<br>SUBSCRIBER GRO           | UP          |                     |
| COMMUNITY/ AREA         |       |                                 | 0      | COMMUNITY/ ARE     | Α         |   | 0           | 9<br>Computatio     |
| CALL SIGN               | DSE   | CALL SIGN                       | DSE    | CALL SIGN          | DSE       | CALL SIGN                               | DSE         | Computatio<br>of    |
|                         |       |                                 |        |                    |           |   |             | Base Rate Fo        |
|                         |       |                                 |        |                    |           |   |             | and<br>Syndicated   |
|                         |       |                                 |        |                    |           |   |             | Exclusivity         |
|                         |       |                                 |        |                    |           |   |             | Surcharge<br>for    |
|                         |       | -                               |        |                    |           | · - · · · · · · · · · · · · · · · · · · |             | Partially           |
|                         |       | _                               |        |                    |           |   |             | Distant<br>Stations |
|                         |       | -                               |        |                    |           | -                                       |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
| Total DSEs              |       |                                 | 0.00   | Total DSEs         |           |   | 0.00        |                     |
| Gross Receipts First (  | Group | \$                              | 0.00   | Gross Receipts Sec | and Group | \$                                      | 0.00        |                     |
| oross Neceipis i list v | эгоир | Ψ                               | 0.00   | Oross Neceipis Occ | ona Group | ¥                                       | 0.00        |                     |
| Base Rate Fee First (   | Group | \$                              | 0.00   | Base Rate Fee Sec  | ond Group | \$                                      | 0.00        |                     |
| COMMUNITY/ AREA         |       | SUBSCRIBER GRO                  | 0<br>0 | COMMUNITY/ADE      |           | SUBSCRIBER GRO                          | UP <b>0</b> |                     |
| COMMUNITY AREA          |       |                                 | U      | COMMUNITY/ ARE     | Α         |   |             |                     |
| CALL SIGN               | DSE   | CALL SIGN                       | DSE    | CALL SIGN          | DSE       | CALL SIGN                               | DSE         |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           | -                                       |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
|                         |       | H                               |        |                    |           | -                                       |             |                     |
|                         |       |                                 |        |                    |           |   |             |                     |
| Total DSEs              |       |                                 | 0.00   | Total DSEs         |           |   | 0.00        |                     |
| Gross Receipts Third    | Group | \$                              | 0.00   | Gross Receipts Fou | rth Group | \$                                      | 0.00        |                     |
| Base Rate Fee Third     | Group | \$                              | 0.00   | Base Rate Fee Four | rth Group | \$                                      | 0.00        |                     |
| Base Rate Fee Third     | Group | \$ te fees for each subs        | 0.00   |                    | rth Group |   |             |                     |

|                       |             |                               |         |                       |                |                                   |        | CABLE ONE, INC.              |
|-----------------------|-------------|-------------------------------|---------|-----------------------|----------------|-----------------------------------|--------|------------------------------|
|                       | UP          | IBER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH      |                | COMPUTATION OF<br>SUBSCRIBER GROU |        | BL                           |
| Cammitatia            | 0           |                               |         | COMMUNITY/ AREA       | 0              |                                   |        | COMMUNITY/ AREA              |
| Computation of        | DSE         | CALL SIGN                     | DSE     | CALL SIGN             | DSE            | CALL SIGN                         | DSE    | CALL SIGN                    |
| Base Rate F           |             |                               |         |                       | •              |                                   |        |                              |
| Syndicate             |             |                               |         |                       |                | -                                 |        |                              |
| Exclusivity Surcharge |             |                               |         |                       |                |                                   |        |                              |
| for                   |             | -                             |         |                       |                | -                                 |        |                              |
| Partially Distant     |             |                               |         |                       | •              | -                                 |        |                              |
| Stations              |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
| _                     | 0.00        |                               |         | Total DSEs            | 0.00           |                                   |        | Total DSEs                   |
| -                     | 0.00        | \$                            | d Group | Gross Receipts Second | 0.00           | \$                                | roup   | Gross Receipts First G       |
|                       | 0.00        | \$                            | d Group | Base Rate Fee Second  | 0.00           | \$                                | oup    | <b>3ase Rate Fee</b> First G |
| _                     | UP <b>0</b> | SUBSCRIBER GROU               | TWELVTH | COMMUNITY/ AREA       | JP<br><b>0</b> | SUBSCRIBER GRO                    | EVENTH | EI<br>COMMUNITY/ AREA        |
|                       |             |                               |         | COMMONITY AREA        |                |                                   |        | JOINININIT I/ AREA           |
|                       | DSE         | CALL SIGN                     | DSE     | CALL SIGN             | DSE            | CALL SIGN                         | DSE    | CALL SIGN                    |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       | •              |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       |             |                               |         |                       |                |                                   |        |                              |
|                       | 0.00        |                               |         | Total DSEs            | 0.00           |                                   |        | Total DSEs                   |
| _                     | 0.00        | \$                            | Group   | Gross Receipts Fourth | 0.00           | \$                                | iroup  | Gross Receipts Third G       |
|                       |             |                               |         |                       |                |                                   |        |                              |

|  |                   |  |              | TE FEES FOR EAC                | H SUBSCR    | IBER GROUP     |      |                |
|--|-------------------|--|--------------|--------------------------------|-------------|----------------|------|----------------|
| TI   | HIRTEENTH         | SUBSCRIBER GRO   | OUP          | FC                             | URTEENTH    | SUBSCRIBER GRO | UP   | •              |
| COMMUNITY/ AREA  |                   |  | 0            | COMMUNITY/ AREA                | Α           |                | 0    | 9<br>Computati |
| CALL SIGN  | DSE               | CALL SIGN  | DSE          | CALL SIGN                      | DSE         | CALL SIGN      | DSE  | of             |
|  |                   |  |              |                                |             |                |      | Base Rate I    |
|  |                   | -  |              |                                |             |                |      | and            |
|  |                   | -  |              |                                |             |                |      | Syndicate      |
|  |                   |  |              |                                |             |                |      | Exclusivit     |
|  |                   | -  |              |                                |             | -              |      | Surcharg       |
|  |                   | -  |              |                                |             | -              |      | for            |
|  |                   | -  |              |                                |             |                |      | Partially      |
|  |                   |  |              |                                |             |                |      | Distant        |
|  |                   |  |              |                                |             |                |      | Stations       |
|  |                   | -  |              |                                |             |                |      |                |
|  |                   |  |              |                                |             |                |      |                |
|  |                   |  |              |                                |             |                |      |                |
|  |                   |  |              |                                |             |                |      |                |
|  |                   |  |              |                                |             |                |      |                |
|  |                   |  |              |                                |             |                |      |                |
| otal DSEs  |                   |  | 0.00         | Total DSEs                     |             |                | 0.00 |                |
| Gross Receipts First                                   | Group             | \$   | 0.00         | Gross Receipts Seco            | and Group   | \$             | 0.00 |                |
| noss receipts i list                                   | Oroup             | <del>Ψ</del>   | 0.00         | Oross Neceipts deck            | ond Oroup   | Ψ              | 0.00 |                |
| Base Rate Fee First                                    | Group             | \$   | 0.00         | Base Rate Fee Seco             | ond Group   | \$             | 0.00 |                |
|  | FIETEENTH         | SUBSCRIBER GRO   | ) I I P      |                                | SIXTEENTH   | SUBSCRIBER GRO | LIP  |                |
| COMMUNITY/ AREA  |                   | COBCONIDENCIN  |              | ii .                           | CIXTLLIATIT | CODCOMBEN CINC | O1   |                |
| OMMUNITY AREA  | ١                 |  | Λ            |                                |             |                | 0    |                |
|  |                   |  | 0            | COMMUNITY/ AREA                | A           |                | 0    |                |
| CALL SIGN  | DSE               | CALL SIGN  | DSE          | COMMUNITY/ AREA                | DSE         | CALL SIGN      | DSE  |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| CALL SIGN  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
|  |                   | CALL SIGN  |              |                                |             | CALL SIGN      |      |                |
| Total DSEs   | DSE               | CALL SIGN  | DSE          | CALL SIGN  Total DSEs          | DSE         |                | DSE  |                |
| Total DSEs   | DSE               |  | DSE          | CALL SIGN                      | DSE         | CALL SIGN      | DSE  |                |
| CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third | DSE               |  | DSE          | CALL SIGN  Total DSEs          | DSE         |                | DSE  |                |
| Total DSEs   | DSE               |  | DSE          | CALL SIGN  Total DSEs          | DSE         |                | DSE  |                |
| otal DSEs  | DSE               | \$   | DSE          | Total DSEs Gross Receipts Four | DSE         | \$             | DSE  |                |
| otal DSEs  | DSE               | \$   | DSE          | Total DSEs Gross Receipts Four | DSE         | \$             | DSE  |                |
| otal DSEs<br>Gross Receipts Third                      | DSE  Group  Group | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00<br>0.00 | Total DSEs Gross Receipts Four | th Group    | \$             | DSE  |                |

| BLO   | CK A: C | OWIF OTATION O               | L RASE KA                       | ATE FEES FOR EAC                                      | II CODOCI     | RIDER GROUP       |                      |                     |
|---|---------|------------------------------|---------------------------------|---|---------------|-------------------|----------------------|---------------------|
| SEVENTI   | EENTH   | SUBSCRIBER GRO               | OUP                             | Е   | GHTEENTH      | SUBSCRIBER GRO    | )UP                  | •                   |
| COMMUNITY/ AREA   |         |                              | 0                               | COMMUNITY/ ARE  | 4             |                   | 0                    | <b>9</b><br>Computa |
| CALL SIGN   | DSE     | CALL SIGN                    | DSE                             | CALL SIGN   | DSE           | CALL SIGN         | DSE                  | of                  |
|   |         |                              |                                 |   |               |                   |                      | Base Rate           |
|   |         |                              |                                 |   |               |                   |                      | and                 |
|   |         |                              |                                 |   |               |                   |                      | Syndicat            |
|   |         |                              |                                 |   |               |                   |                      | Exclusiv            |
|   |         |                              |                                 |   |               |                   |                      | Surchar             |
|   |         |                              |                                 |   |               |                   |                      | for<br>Partiall     |
|   |         |                              |                                 |   |               |                   |                      | Distan              |
|   |         |                              |                                 |   |               |                   |                      | Station             |
|   |         |                              |                                 |   |               |                   |                      |                     |
|   |         |                              |                                 |   |               |                   |                      |                     |
|   |         |                              |                                 |   |               |                   |                      |                     |
|   |         |                              |                                 |   |               |                   |                      |                     |
|   |         |                              |                                 |   |               |                   |                      |                     |
|   | l       |                              |                                 |   |               |                   |                      |                     |
| otal DSEs   |         |                              | 0.00                            | Total DSEs  |               |                   | 0.00                 |                     |
| ross Receipts First Grou  | ıp      | \$                           | 0.00                            | Gross Receipts Seco                                   | ond Group     | \$                | 0.00                 |                     |
|   |         |                              |                                 |   |               |                   |                      |                     |
|   |         |                              |                                 |   |               |                   |                      |                     |
| ase Rate Fee First Grou   | qı      | \$                           | 0.00                            | Base Rate Fee Seco                                    | ond Group     | \$                | 0.00                 |                     |
|   | -       | \$                           | 0.00                            | Base Rate Fee Seco                                    |               | \$                | 0.00                 |                     |
|   | -       | \$<br>SUBSCRIBER GRO         |                                 | -   | rwentieth     | \$ SUBSCRIBER GRO | <u>,</u>             |                     |
| NINTI   | -       | \$<br>SUBSCRIBER GRO         |                                 |   | rwentieth     |                   | <u>,</u>             |                     |
| NINTI   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | -       | \$ SUBSCRIBER GRO  CALL SIGN | DUP                             | -   | rwentieth     |                   | <u>,</u>             |                     |
| NINTI   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI<br>OMMUNITY/ AREA   | EENTH   |                              | OUP 0                           | COMMUNITY/ AREA                                       | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI COMMUNITY/ AREA   | EENTH   |                              | DUP  DSE                        | CALL SIGN   | TWENTIETH     | SUBSCRIBER GRC    | DUP 0                |                     |
| NINTI COMMUNITY/ AREA  CALL SIGN                                    | DSE     | CALL SIGN                    | DUP  DSE  0 0 0 0 0 0 0 0 0 0 0 | COMMUNITY/ AREA  CALL SIGN  Total DSEs                | DSE           | CALL SIGN         | DUP  DSE  DOSE  DOSE |                     |
| NINTI COMMUNITY/ AREA  CALL SIGN                                    | DSE     |                              | DUP  DSE                        | CALL SIGN   | DSE           | SUBSCRIBER GRC    | DUP 0                |                     |
| COMMUNITY/ AREA   | DSE     | CALL SIGN                    | DUP  DSE  0 0 0 0 0 0 0 0 0 0 0 | COMMUNITY/ AREA  CALL SIGN  Total DSEs                | DSE           | CALL SIGN         | DUP  DSE  DOSE  DOSE |                     |
| NINTI COMMUNITY/ AREA  CALL SIGN                                    | DSE     | CALL SIGN                    | DUP  DSE  0 0 0 0 0 0 0 0 0 0 0 | COMMUNITY/ AREA  CALL SIGN  Total DSEs                | DSE  th Group | CALL SIGN         | DUP  DSE  DOSE  DOSE |                     |
| NINTI OMMUNITY/ AREA  CALL SIGN  otal DSEs ross Receipts Third Grou | DSE     | CALL SIGN                    | DUP 0                           | CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Four | DSE  th Group | SUBSCRIBER GRO    | DUP                  |                     |

| CABLE ONE, INC.                                |          | E SYSTEM:                        |             |                       |           | S                            | 007412 | Name              |
|--|----------|----------------------------------|-------------|-----------------------|-----------|------------------------------|--------|-------------------|
|  |          | COMPUTATION OF<br>SUBSCRIBER GRO |             | TE FEES FOR EAC       |           | IBER GROUP<br>SUBSCRIBER GRO | UP     |                   |
| COMMUNITY/ AREA                                |          |                                  | 0           | COMMUNITY/ AREA       |           |                              | 0      | 9<br>Computation  |
| CALL SIGN                                      | DSE      | CALL SIGN                        | DSE         | CALL SIGN             | DSE       | CALL SIGN                    | DSE    | Computation of    |
|  |          |                                  |             |                       |           |                              |        | Base Rate Fe      |
|  |          |                                  |             |                       |           |                              |        | and<br>Syndicated |
|  |          |                                  |             |                       |           |                              |        | Exclusivity       |
|  |          | -                                |             |                       |           |                              |        | Surcharge<br>for  |
|  |          | -                                |             |                       |           |                              |        | Partially         |
|  |          | -                                |             |                       |           |                              |        | Distant           |
|  |          |                                  |             |                       |           |                              |        | Stations          |
|  |          | -                                |             |                       |           | -                            |        |                   |
|  |          |                                  |             |                       |           | _                            |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
| Total DSEs                                     |          |                                  | 0.00        | Total DSEs            |           |                              | 0.00   |                   |
| Gross Receipts First G                         | roup     | \$                               | 0.00        | Gross Receipts Seco   | and Group | \$                           | 0.00   |                   |
| Base Rate Fee First G                          | roup     | \$                               | 0.00        | Base Rate Fee Seco    | ond Group | \$                           | 0.00   |                   |
|  | TY-THIRD | SUBSCRIBER GRO                   |             |                       |           | SUBSCRIBER GRO               | _      |                   |
| COMMUNITY/ AREA                                |          |                                  | 0           | COMMUNITY/ AREA       |           |                              | 0      |                   |
| CALL SIGN                                      | DSE      | CALL SIGN                        | DSE         | CALL SIGN             | DSE       | CALL SIGN                    | DSE    |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          | -                                |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
|  |          | -                                |             |                       |           |                              |        |                   |
|  |          |                                  |             |                       |           |                              |        |                   |
| Total DSEs                                     |          |                                  | 0.00        | Total DSEs            |           |                              | 0.00   |                   |
| Gross Receipts Third (                         | Group    | \$                               | 0.00        | Gross Receipts Four   | th Group  | \$                           | 0.00   |                   |
| •  | •        |                                  |             |                       | •         |                              |        |                   |
| Base Rate Fee Third (                          | Group    | \$                               | 0.00        | Base Rate Fee Four    | th Group  | \$                           | 0.00   |                   |
|  |          |                                  |             | II                    |           |                              |        |                   |
| Base Rate Fee: Add the Enter here and in block |          |                                  | riber group | as shown in the boxes | above.    | \$                           |        |                   |

|  |                    |                              |           |                                |           |                | 007412 |                  |
|--|--------------------|------------------------------|-----------|--------------------------------|-----------|----------------|--------|------------------|
|  | BLOCK A: (         | COMPUTATION O                | F BASE RA | TE FEES FOR EAC                | H SUBSCR  | IBER GROUP     |        |                  |
| TWE  | NTY-FIFTH          | SUBSCRIBER GRO               | DUP       | TWE                            | NTY-SIXTH | SUBSCRIBER GRO | UP     | ^                |
| COMMUNITY/ AREA  |                    |                              | 0         | COMMUNITY/ AREA                |           |                | 0      | 9<br>Computati   |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    | of               |
|  |                    |                              |           |                                |           |                |        | Base Rate F      |
|  |                    |                              |           |                                |           |                |        | and              |
|  |                    |                              |           |                                |           |                |        | Syndicate        |
|  |                    |                              |           |                                |           |                |        | Exclusivit       |
|  |                    |                              |           |                                |           |                |        | Surcharge        |
|  |                    | -                            |           |                                |           |                |        | for<br>Partially |
|  |                    |                              |           |                                |           | -              |        | Distant          |
|  |                    |                              |           |                                |           |                |        | Stations         |
|  |                    | -                            |           |                                |           | -              |        |                  |
|  |                    |                              |           |                                |           |                |        |                  |
|  |                    |                              |           |                                |           |                |        |                  |
|  |                    |                              |           |                                |           |                |        |                  |
|  |                    |                              |           |                                |           |                |        |                  |
|  |                    |                              |           |                                |           |                |        |                  |
| otal DSEs  |                    |                              | 0.00      | Total DSEs                     |           |                | 0.00   |                  |
| Fross Receipts First   | Group              | \$                           | 0.00      | Gross Receipts Seco            | ond Group | \$             | 0.00   |                  |
|  |                    |                              |           |                                |           |                |        |                  |
| ase Rate Fee First   | Group              | \$                           | 0.00      | Base Rate Fee Seco             | ond Group | \$             | 0.00   |                  |
| TWENT  | /-SEVENTH          | SUBSCRIBER GRO               | DUP       | TWEN                           | TY-EIGHTH | SUBSCRIBER GRO | UP     |                  |
| COMMUNITY/ AREA  |                    |                              | 0         | COMMUNITY/ AREA                | ١         |                | 0      |                  |
|  |                    |                              |           |                                |           |                |        |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
| CALL SIGN  | DSE                | CALL SIGN                    | DSE       | CALL SIGN                      | DSE       | CALL SIGN      | DSE    |                  |
|  | DSE                | CALL SIGN                    | DSE       | Total DSEs                     | DSE       | CALL SIGN      | DSE    |                  |
| Total DSEs   |                    |                              | 0.00      | Total DSEs                     |           |                | 0.00   |                  |
| otal DSEs  |                    | CALL SIGN                    |           |                                |           | CALL SIGN      |        |                  |
| call SIGN  Total DSEs  Gross Receipts Third  Base Rate Fee Third | l Group            |                              | 0.00      | Total DSEs                     | th Group  |                | 0.00   |                  |
| otal DSEs<br>Gross Receipts Third                                | l Group            | \$                           | 0.00      | Total DSEs Gross Receipts Four | th Group  | \$             | 0.00   |                  |
| otal DSEs ross Receipts Third                                    | Group the base rat | \$ \$ \$e fees for each subs | 0.00      | Total DSEs Gross Receipts Four | th Group  | \$             | 0.00   |                  |

| LEGAL NAME OF OWNE     |                           | E SYSTEM:      |          |                     |           | S              | 007412 | Name              |
|------------------------|---------------------------|----------------|----------|---------------------|-----------|----------------|--------|-------------------|
|                        |                           |                |          | ATE FEES FOR EAC    |           |                | LID    |                   |
| COMMUNITY/ AREA        | I Y-INIIN I H             | SUBSCRIBER GRO | <b>0</b> | COMMUNITY/ AREA     |           | SUBSCRIBER GRO | 9      |                   |
| CALL SIGN              | DSE                       | CALL SIGN      | DSE      | CALL SIGN           | DSE       | CALL SIGN      | DSE    | Computation of    |
|                        |                           |                |          |                     |           |                |        | Base Rate Fe      |
|                        |                           | -              |          |                     |           |                |        | and<br>Syndicated |
|                        |                           |                |          |                     |           |                |        | Exclusivity       |
|                        |                           |                |          |                     |           |                |        | Surcharge<br>for  |
|                        |                           |                |          |                     |           |                |        | Partially         |
|                        |                           |                |          |                     |           |                |        | Distant           |
|                        |                           |                |          |                     |           |                |        | Stations          |
|                        |                           |                |          |                     |           | -              |        |                   |
|                        |                           |                |          |                     |           | _              |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
| Total DSEs             |                           |                | 0.00     | Total DSEs          |           |                | 0.00   |                   |
| Gross Receipts First G | iroup                     | \$             | 0.00     | Gross Receipts Seco | ond Group | \$             | 0.00   |                   |
| Base Rate Fee First G  | roup                      | \$             | 0.00     | Base Rate Fee Seco  | nd Group  | \$             | 0.00   |                   |
|                        | TY-FIRST                  | SUBSCRIBER GRO |          |                     |           | SUBSCRIBER GRO | _      |                   |
| COMMUNITY/ AREA        |                           |                | 0        | COMMUNITY/ AREA     |           |                | 0      |                   |
| CALL SIGN              | DSE                       | CALL SIGN      | DSE      | CALL SIGN           | DSE       | CALL SIGN      | DSE    |                   |
|                        |                           |                |          |                     |           |                |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
|                        |                           |                |          |                     |           | -              |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
|                        |                           | -              |          |                     |           |                |        |                   |
|                        |                           | _              |          |                     |           |                |        |                   |
|                        |                           |                |          |                     |           |                |        |                   |
| Total DSEs             |                           |                | 0.00     | Total DSEs          |           |                | 0.00   |                   |
| Gross Receipts Third ( | Group                     | \$             | 0.00     | Gross Receipts Four | th Group  | \$             | 0.00   |                   |
| Base Rate Fee Third (  | Group                     | \$             | 0.00     | Base Rate Fee Fourt | th Group  | \$             | 0.00   |                   |
|                        | \$ e fees for each subscr |                | 0.00     | Gross Receipts Four | th Group  | \$             | 0.00   |                   |

| CABLE ONE, INC               |                    | E SYSTEM:      |             |  |            | S              | 007412      | Name                |
|------------------------------|--------------------|----------------|-------------|--|------------|----------------|-------------|---------------------|
|                              |                    |                |             | TE FEES FOR EAC  |            |                |             |                     |
| THIR COMMUNITY/ AREA         | TY-THIRD           | SUBSCRIBER GRO | UP <b>0</b> | THIRT  |            | SUBSCRIBER GRO | UP <b>0</b> | 9                   |
|                              |                    |                |             | CONTROL TO THE PARTY OF THE PAR |            |                |             | Computation         |
| CALL SIGN                    | DSE                | CALL SIGN      | DSE         | CALL SIGN  | DSE        | CALL SIGN      | DSE         | of<br>Base Rate Fe  |
|                              |                    |                |             |  |            |                |             | and                 |
|                              |                    |                |             |  |            | -              |             | Syndicated          |
|                              |                    | -              |             |  |            |                |             | Exclusivity         |
|                              |                    |                |             |  |            |                |             | Surcharge<br>for    |
|                              |                    |                |             |  |            |                |             | Partially           |
|                              |                    | -              |             |  |            |                |             | Distant<br>Stations |
|                              |                    | -              |             |  |            | -              |             | Otations            |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
| Total DSEs                   |                    |                | 0.00        | Total DSEs   |            |                | 0.00        |                     |
| Gross Receipts First G       | iroup              | \$             | 0.00        | Gross Receipts Seco  | and Group  | \$             | 0.00        |                     |
| <b>Base Rate Fee</b> First G | roup               | \$             | 0.00        | Base Rate Fee Seco   | ond Group  | \$             | 0.00        |                     |
|                              | RTY-FIFTH          | SUBSCRIBER GRO | UP          | TH   | IRTY-SIXTH | SUBSCRIBER GRO | UP          |                     |
| COMMUNITY/ AREA              |                    |                | 0           | COMMUNITY/ AREA  |            |                |             |                     |
| CALL SIGN                    | DSE                | CALL SIGN      | DSE         | CALL SIGN  | DSE        | CALL SIGN      | DSE         |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    | -              |             |  |            | -              |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    | -              |             |  |            |                |             |                     |
|                              |                    | -              |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
|                              |                    |                |             |  |            |                |             |                     |
| Total DSEs                   |                    |                | 0.00        | Total DSEs   |            |                | 0.00        |                     |
| Gross Receipts Third (       | Group              | \$             | 0.00        | Gross Receipts Four  | th Group   | \$             | 0.00        |                     |
| Base Rate Fee Third (        | Group              | \$             | 0.00        | Base Rate Fee Four   | th Group   | \$             | 0.00        |                     |
| <b>ate Fee:</b> Add tl       | ne <b>base rat</b> |                |             | Base Rate Fee Four   |            | \$             | 0.00        |                     |

| CABLE ONE, INC.              |                    | E SYSTEM:      |             |                       |           | S              | 007412      | Name                     |
|------------------------------|--------------------|----------------|-------------|-----------------------|-----------|----------------|-------------|--------------------------|
|                              |                    |                |             | TE FEES FOR EAC       |           |                |             |                          |
| THIRTY-<br>COMMUNITY/ AREA   | SEVENTH            | SUBSCRIBER GRO | <u>UP</u> 0 | COMMUNITY/ AREA       |           | SUBSCRIBER GRO | UP <b>0</b> | 9                        |
|                              |                    |                |             |                       |           |                |             | Computation              |
| CALL SIGN                    | DSE                | CALL SIGN      | DSE         | CALL SIGN             | DSE       | CALL SIGN      | DSE         | of<br>Base Rate Fe       |
|                              |                    |                |             |                       |           |                |             | and                      |
|                              |                    |                |             |                       |           |                |             | Syndicated               |
|                              |                    |                |             |                       |           |                |             | Exclusivity<br>Surcharge |
|                              |                    | -              |             |                       |           |                |             | for                      |
|                              |                    |                |             |                       |           |                |             | Partially<br>Distant     |
|                              |                    |                |             |                       |           |                |             | Stations                 |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                | <u></u>     |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                | 0.00        |                       |           |                | 0.00        |                          |
| Total DSEs                   |                    |                | 0.00        | Total DSEs            |           |                | 0.00        |                          |
| Gross Receipts First G       | roup               | \$             | 0.00        | Gross Receipts Seco   | ond Group | \$             | 0.00        |                          |
| <b>Base Rate Fee</b> First G | roup               | \$             | 0.00        | Base Rate Fee Seco    | ond Group | \$             | 0.00        |                          |
|                              | TY-NINTH           | SUBSCRIBER GRO |             |                       |           | SUBSCRIBER GRO |             |                          |
| COMMUNITY/ AREA              |                    |                | 0           | COMMUNITY/ AREA       | 4         |                | 0           |                          |
| CALL SIGN                    | DSE                | CALL SIGN      | DSE         | CALL SIGN             | DSE       | CALL SIGN      | DSE         |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                | <u></u>     |                       |           |                |             |                          |
|                              |                    | -              |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    | -              |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
|                              |                    |                |             |                       |           |                |             |                          |
| Total DSEs                   |                    |                | 0.00        | Total DSEs            |           |                | 0.00        |                          |
| Gross Receipts Third (       | Group              | \$             | 0.00        | Gross Receipts Four   | th Group  | \$             | 0.00        |                          |
| Base Rate Fee Third (        | Group              | \$             | 0.00        | Base Rate Fee Four    | th Group  | \$             | 0.00        |                          |
| te Fee: Add th               | ne <b>base rat</b> |                |             | as shown in the boxes | ·         | \$             | 0.00        |                          |

| LEGAL NAME OF OWN  CABLE ONE, INC |           | E SYSTEM:      |              |                       |           | S              | 007412      | Name                      |
|-----------------------------------|-----------|----------------|--------------|-----------------------|-----------|----------------|-------------|---------------------------|
|                                   |           |                |              | TE FEES FOR EAC       |           |                |             |                           |
| FOR<br>COMMUNITY/ AREA            | RTY-FIRST | SUBSCRIBER GRO | UP <b>0</b>  | COMMUNITY/ AREA       |           | SUBSCRIBER GRO | UP <b>0</b> | 9                         |
|                                   |           | II             | T            |                       | T         | П ом одом      |             | Computation               |
| CALL SIGN                         | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE         | of<br>Base Rate Fe        |
|                                   |           | -              |              |                       |           |                |             | and                       |
|                                   |           | -              |              |                       |           |                |             | Syndicated<br>Exclusivity |
|                                   |           |                |              |                       |           |                |             | Surcharge                 |
|                                   |           |                |              |                       |           |                |             | for                       |
|                                   |           |                |              |                       |           |                |             | Partially<br>Distant      |
|                                   |           |                |              |                       |           |                |             | Stations                  |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           | -              |              |                       |           | -              |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
| Total DSEs                        |           |                | 0.00         | Total DSEs            |           | II             | 0.00        |                           |
| Gross Receipts First (            | Group     | \$             | 0.00         | Gross Receipts Seco   | ond Group | \$             | 0.00        |                           |
| ·                                 | ·         |                |              |                       | •         |                |             |                           |
| Base Rate Fee First C             |           | \$             | 0.00         | Base Rate Fee Seco    |           | \$             | 0.00        |                           |
|                                   | TY-THIRD  | SUBSCRIBER GRO |              | †                     |           | SUBSCRIBER GRO |             |                           |
| COMMUNITY/ AREA                   |           |                | 0            | COMMUNITY/ AREA       | <b></b>   |                | 0           |                           |
| CALL SIGN                         | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE         |                           |
|                                   |           | -              |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
|                                   |           |                |              |                       |           |                |             |                           |
| Total DSEs                        |           |                | 0.00         | Total DSEs            |           |                | 0.00        |                           |
| Gross Receipts Third              | Group     | \$             | 0.00         | Gross Receipts Four   | th Group  | \$             | 0.00        |                           |
| Base Rate Fee Third               | Group     | \$             | 0.00         | Base Rate Fee Four    | th Group  | \$             | 0.00        |                           |
| ase Rate Fee: Add t               |           |                | criber group | as shown in the boxes | s above.  | \$             |             |                           |

| CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate   Syndicate   Stations    Computation   Syndicate   Syndicate   Syndicate   Syndicate   Syndicate   Stations    Computation   Syndicate     | CABLE ONE, INC                   |              |                       |              |                       |           |                | 007412      | Name        |
|---|----------------------------------|--------------|-----------------------|--------------|-----------------------|-----------|----------------|-------------|-------------|
| COMMUNITY   AREA  | E                                | BLOCK A: (   | COMPUTATION O         | F BASE RA    | TE FEES FOR EAC       | H SUBSCR  | IBER GROUP     |             |             |
| Computation  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Sea Rate Face First Group 5  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Sea Rate Face First Group 5  CALL SIGN DSES 0.00  FORTY-SEVENTH SUBSCRIBER GROUP  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  COMPUTATION OF THE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  COMPUTATION OF THE CALL SIGN DSE CALL SIG  | FO                               | RTY-FIFTH    | SUBSCRIBER GRO        | )UP          | FC                    | RTY-SIXTH | SUBSCRIBER GRO | UP          | •           |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate I Base Rate   | COMMUNITY/ AREA                  |              |                       | 0            | COMMUNITY/ AREA       |           |                | 0           | _           |
| and Syndicate Secretary Secretary Stations  | CALL SIGN                        | DSE          | CALL SIGN             | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE         |             |
| Syndicate Exclusivity Surcharge Surc  |                                  |              |                       |              |                       |           |                |             | Base Rate F |
| Exclusivity Surcharge for Partially Distant Stations  Ontal DSEs    |                                  |              |                       |              |                       |           |                |             | and         |
| Sucharge for Partially Distant Stations  Stal DSEs  |                                  |              | -                     |              |                       |           |                |             | Syndicate   |
| Actions    Comparison   Compari  |                                  |              |                       |              |                       |           |                |             | Exclusivit  |
| Partially Distant Stations  Dial DSEs   |                                  |              |                       |              |                       |           | -              |             | Surcharge   |
| Distant Stations  Distant Stat  |                                  |              |                       |              |                       |           | -              |             | for         |
| Stations  Statio  |                                  |              | -                     |              |                       |           |                |             | Partially   |
| Atal DSEs  Jose Rate Fee First Group  Sold DSEs  Jose Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  CALL SIGN  DSE   |                                  |              |                       |              |                       |           |                |             | Distant     |
| ase Rate Fee First Group  South Rate Fee Fourth Subscriber Group  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE    |                                  |              | -                     |              |                       |           |                |             | Stations    |
| ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI  |                                  |              |                       |              |                       |           |                |             |             |
| ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  D  |                                  |              |                       |              |                       |           |                |             |             |
| ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN    |                                  |              |                       |              |                       |           |                |             |             |
| ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN    |                                  |              |                       |              |                       |           |                |             |             |
| ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  D  |                                  |              |                       |              |                       |           |                |             |             |
| ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN    |                                  |              |                       |              |                       |           |                |             |             |
| Base Rate Fee Second Group  FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  | otal DSEs                        |              |                       | 0.00         | Total DSEs            |           |                | 0.00        |             |
| Base Rate Fee Second Group \$ 0.00  FORTY-SEVENTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG | oss Receipts First Group \$ 0.00 |              |                       | 0.00         | Gross Receipts Seco   | nd Group  | \$             | 0.00        |             |
| FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DS  |                                  |              | <u>-</u>              |              |                       |           | <u> </u>       |             |             |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CA  | ase Rate Fee First (             | Group        | \$                    | 0.00         | Base Rate Fee Seco    | nd Group  | \$             | 0.00        |             |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE    | FORTY                            | -SEVENTH     | SUBSCRIBER GRO        | )UP          | FOR                   | TY-EIGHTH | SUBSCRIBER GRO | UP          |             |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN  |                                  |              |                       |              |                       |           |                |             |             |
| otal DSEs  O.00  Total DSEs  O.00  Gross Receipts Third Group  S  O.00  Base Rate Fee Third Group  S  O.00  Base Rate Fee Fourth Group  S  O.00  O.00  S  O.00  O.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  | CALL SIGN                        | DSE          | CALL SIGN             | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE         |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              | -                     |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00  |                                  |              | -                     |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              | -                     |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                                  |              | -                     |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              | -                     |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group \$ 0.00  Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                  |              |                       |              |                       |           |                |             |             |
| ross Receipts Third Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 0.00   |                                  |              |                       | 0.00         | T                     |           | П              | 0.00        |             |
| ase Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | otal DSEs                        |              |                       | 0.00         | l otal DSEs           |           |                | 0.00        |             |
| ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | ross Receipts Third              | Group        | \$                    | 0.00         | Gross Receipts Four   | th Group  | \$             | 0.00        |             |
| ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |                                  |              |                       |              |                       |           |                | <del></del> |             |
| ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | aso Rato Foo Third               | Group        | e                     | 0.00         | Rase Pate Foo Fourt   | th Group  | ¢              | 0.00        |             |
|   | ase Nate Fee Hilliu              | Cioup        | Þ                     | 0.00         | Dase Nate Fee Foun    | iii Gioup | Ψ              | 0.00        |             |
|   |                                  |              |                       |              | II.                   |           |                |             |             |
|   | se Pata Fact Add                 | the hace ret | to foos for each auch | criber group | as shown in the house | ahove     |                |             |             |
|   |                                  |              |                       | criber group | as shown in the doxes | above.    | \$             |             |             |

| LEGAL NAME OF OWN                                   |           | E SYSTEM:      |              |                       |           | S  | 007412 | Name                 |
|---|-----------|----------------|--------------|-----------------------|-----------|--|--------|----------------------|
|   |           |                |              | TE FEES FOR EAC       |           |  |        |                      |
|   |           | SUBSCRIBER GRO |              |                       |           | SUBSCRIBER GRO                                       |        | 9                    |
| COMMUNITY/ AREA                                     |           |                | 0            | COMMUNITY/ AREA       | <b></b>   |  | 0      | Computation          |
| CALL SIGN   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN  | DSE    | of                   |
| 07.22 0.0.1   | 332       | 07.122 0.011   | 332          | 07.22 0.0.1           |           | OF ILL STORY   | 332    | Base Rate Fe         |
|   |           |                |              |                       |           |  |        | and                  |
|   |           |                |              |                       |           |  |        | Syndicated           |
|   |           |                |              |                       |           |  |        | Exclusivity          |
|   |           |                |              |                       |           | <br>   |        | Surcharge            |
|   |           |                |              |                       |           | -  |        | for                  |
|   |           |                |              |                       |           |  |        | Partially<br>Distant |
|   |           |                |              |                       |           |  |        | Stations             |
|   |           | -              |              |                       |           | 1  |        |                      |
|   |           | -              |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
| Total DSEs  |           |                | 0.00         | Total DSEs            |           |  | 0.00   |                      |
| Gross Receipts First                                | Group     | \$             | 0.00         | Gross Receipts Seco   | ond Group | \$   | 0.00   |                      |
| Base Rate Fee First                                 | Group     | \$             | 0.00         | Base Rate Fee Seco    | ond Group | \$   | 0.00   |                      |
| FI  | FTY-FIRST | SUBSCRIBER GRO | UP           | FIF1                  | TY-SECOND | SUBSCRIBER GRO                                       | UP     |                      |
| COMMUNITY/ AREA                                     |           |                | 0            | COMMUNITY/ AREA       | <b>A</b>  |  | 0      |                      |
| CALL SIGN   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN  | DSE    |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           | -  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           | -              |              |                       |           | · <del>-</del> · · · · · · · · · · · · · · · · · · · |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           | -              |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           | -              |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
|   |           |                |              |                       |           |  |        |                      |
| Total DSEs  |           |                | 0.00         | Total DSEs            |           |  | 0.00   |                      |
| Gross Receipts Third                                | Group     | \$             | 0.00         | Gross Receipts Four   | th Group  | \$   | 0.00   |                      |
| Base Rate Fee Third                                 | Group     | \$             | 0.00         | Base Rate Fee Four    | th Group  | \$   | 0.00   |                      |
| <b>Base Rate Fee:</b> Add<br>Enter here and in bloo |           |                | criber group | as shown in the boxes | s above.  | \$   |        |                      |

| LEGAL NAME OF OWN      |                    | E SYSTEM:      |          |                     |           | S              | 007412 | Name              |
|------------------------|--------------------|----------------|----------|---------------------|-----------|----------------|--------|-------------------|
|                        |                    |                |          | TE FEES FOR EAC     |           |                |        |                   |
| COMMUNITY/ AREA        | TY-THIRD           | SUBSCRIBER GRO | 0        | COMMUNITY/ AREA     |           | SUBSCRIBER GRO | 0<br>0 | 9                 |
| CALL SIGN              | DSE                | CALL SIGN      | DSE      | CALL SIGN           | DSE       | CALL SIGN      | DSE    | Computation of    |
|                        |                    |                |          |                     |           |                |        | Base Rate Fe      |
|                        |                    |                |          |                     |           |                |        | and<br>Syndicated |
|                        |                    | -              |          |                     |           |                |        | Exclusivity       |
|                        |                    |                |          |                     |           |                |        | Surcharge<br>for  |
|                        |                    |                |          |                     |           |                |        | Partially         |
|                        |                    | -              |          |                     |           |                |        | Distant           |
|                        |                    | -              |          |                     |           |                |        | Stations          |
|                        |                    | -              |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
| Total DSEs             |                    |                | 0.00     | Total DSEs          |           |                | 0.00   |                   |
| Gross Receipts First G | Group              | \$             | 0.00     | Gross Receipts Seco | ond Group | \$             | 0.00   |                   |
| Base Rate Fee First G  | Group              | \$             | 0.00     | Base Rate Fee Seco  | ond Group | \$             | 0.00   |                   |
|                        | TY-FIFTH           | SUBSCRIBER GRO |          |                     |           | SUBSCRIBER GRO |        |                   |
| COMMUNITY/ AREA        |                    |                | 0        | COMMUNITY/ AREA     | <b></b>   |                | 0      |                   |
| CALL SIGN              | DSE                | CALL SIGN      | DSE      | CALL SIGN           | DSE       | CALL SIGN      | DSE    |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                | <u> </u> |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
|                        |                    |                |          |                     |           |                |        |                   |
| Total DSEs             |                    |                | 0.00     | Total DSEs          |           |                | 0.00   |                   |
| Gross Receipts Third   | Group              | \$             | 0.00     | Gross Receipts Four | th Group  | \$             | 0.00   |                   |
| Base Rate Fee Third (  | Group              | \$             | 0.00     | Base Rate Fee Four  | th Group  | \$             | 0.00   |                   |
| Rate Fee: Add t        | he <b>base rat</b> |                |          | Base Rate Fee Four  | ·         | \$             | 0.00   |                   |

|                                    | C.         |                          |      |                                  |            |                  | 007412 | Name             |
|------------------------------------|------------|--------------------------|------|----------------------------------|------------|------------------|--------|------------------|
|                                    |            |                          |      | TE FEES FOR EAC                  | CH SUBSCF  | RIBER GROUP      |        |                  |
| FIFT                               | Y-SEVENTH  | SUBSCRIBER GRO           | DUP  | FI                               | FTY-EIGHTH | SUBSCRIBER GRO   | UP     | ^                |
| COMMUNITY/ ARE                     | 4          |                          | 0    | COMMUNITY/ ARE                   | Α          |                  | 0      | 9<br>Computation |
| CALL SIGN                          | DSE        | CALL SIGN                | DSE  | CALL SIGN                        | DSE        | CALL SIGN        | DSE    | of               |
|                                    |            |                          |      |                                  |            |                  |        | Base Rate F      |
|                                    |            |                          |      |                                  |            |                  |        | and              |
|                                    |            |                          |      |                                  |            |                  |        | Syndicate        |
|                                    |            |                          |      |                                  |            |                  |        | Exclusivit       |
|                                    |            | ·-                       |      |                                  |            |                  |        | Surcharge        |
|                                    |            |                          |      |                                  |            |                  |        | for              |
|                                    |            |                          |      |                                  |            |                  |        | Partially        |
|                                    |            | -                        |      |                                  |            |                  |        | Distant          |
|                                    |            |                          |      |                                  |            |                  |        | Stations         |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            | •                |        |                  |
| otal DSEs                          |            |                          | 0.00 | Total DSEs                       |            |                  | 0.00   |                  |
|                                    |            |                          |      |                                  |            |                  | -      |                  |
| Gross Receipts First               | Group      | \$                       | 0.00 | Gross Receipts Sec               | ond Group  | \$               | 0.00   |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
| sase Rate Fee First                | Group      | \$                       | 0.00 | Base Rate Fee Sec                | ond Group  | \$               | 0.00   |                  |
| F                                  | IFTY-NINTH | SUBSCRIBER GRO           | DUP  |                                  | SIXTIETH   | I SUBSCRIBER GRO | UP     |                  |
| COMMUNITY/ AREA                    |            |                          | 0    | COMMUNITY/ ARE                   |            |                  | 0      |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
| CALL SIGN                          | DSE        | CALL SIGN                | DSE  | CALL SIGN                        | DSE        | CALL SIGN        | DSE    |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            | -                |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            | ·-                       |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            |                  |        |                  |
|                                    |            | 11                       | 1    |                                  |            |                  |        |                  |
|                                    |            |                          |      |                                  |            | 11               |        |                  |
| otal DSEs                          |            |                          | 0.00 | Total DSEs                       |            |                  | 0.00   |                  |
|                                    | 1 Group    |                          |      |                                  | rth Group  | <u> </u>         |        |                  |
|                                    | d Group    | \$                       | 0.00 | Total DSEs<br>Gross Receipts Fou | rth Group  | \$               | 0.00   |                  |
| Fotal DSEs<br>Gross Receipts Third | d Group    | \$                       |      |                                  | rth Group  | \$               |        |                  |
|                                    | ·          | \$                       |      |                                  | ·          | \$               |        |                  |
| Gross Receipts Third               | ·          |                          | 0.00 | Gross Receipts Fou               | ·          |                  | 0.00   |                  |
| ross Receipts Thire                | ·          |                          | 0.00 | Gross Receipts Fou               | ·          |                  | 0.00   |                  |
| ase Rate Fee Thire                 | d Group    | \$ te fees for each sub- | 0.00 | Gross Receipts Fou               | rth Group  |                  | 0.00   |                  |

|                         | 007412         | S                             |         |                       |             | E SYSTEM:                      | R OF CABL | LEGAL NAME OF OWNER  CABLE ONE, INC. |
|-------------------------|----------------|-------------------------------|---------|-----------------------|-------------|--------------------------------|-----------|--------------------------------------|
|                         | JP             | IBER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH      |             | COMPUTATION OF SUBSCRIBER GROU |           |                                      |
| 9<br>Computation        | 0              |                               |         | COMMUNITY/ AREA       | 0           |                                |           | COMMUNITY/ AREA                      |
| Computation of          | DSE            | CALL SIGN                     | DSE     | CALL SIGN             | DSE         | CALL SIGN                      | DSE       | CALL SIGN                            |
| Base Rate F<br>and      |                |                               |         |                       | •           |                                | -         |                                      |
| Syndicate               |                |                               |         |                       |             |                                |           |                                      |
| Exclusivit<br>Surcharge |                |                               |         |                       |             |                                |           |                                      |
| for                     |                | -                             |         |                       |             |                                |           |                                      |
| Partially<br>Distant    |                |                               |         |                       | •           |                                |           |                                      |
| Stations                |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         | 0.00           |                               |         | Total DSEs            | 0.00        |                                |           | Total DSEs                           |
|                         | 0.00           | \$                            | d Group | Gross Receipts Secon  | 0.00        | \$                             | oup       | Gross Receipts First Gr              |
|                         | 0.00           | \$                            | d Group | Base Rate Fee Second  | 0.00        | \$                             | oup       | 3ase Rate Fee First Gr               |
|                         | JP<br><b>0</b> | SUBSCRIBER GROU               | -FOURTH | SIXTY COMMUNITY/ AREA | JP <b>0</b> | SUBSCRIBER GROU                | TY-THIRD  | SIXT                                 |
|                         |                |                               |         | COMMUNITY AREA        | U           |                                |           | JOINININITY AREA                     |
|                         | DSE            | CALL SIGN                     | DSE     | CALL SIGN             | DSE         | CALL SIGN                      | DSE       | CALL SIGN                            |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       | •           |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                | -                             |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         |                |                               |         |                       |             |                                |           |                                      |
|                         | 0.00           |                               |         | Total DSEs            | 0.00        |                                |           | Total DSEs                           |
|                         |                |                               |         |                       | _           |                                |           |                                      |
|                         | 0.00           | \$                            | Group   | Gross Receipts Fourth | 0.00        | \$                             | roup      | Gross Receipts Third G               |

|                       |                  | LE SYSTEM:       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |                       |  |                |             |                           |  |  |  |
|-----------------------|------------------|------------------|---|-----------------------|--|----------------|-------------|---------------------------|--|--|--|
|                       |                  |                  |   | TE FEES FOR EAC       |  |                | LID         |                           |  |  |  |
| COMMUNITY/ AREA       |                  | SUBSCRIBER GRO   | 0<br>0  | H .                   | SIXTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |                |             |                           |  |  |  |
| CALL SIGN             | DSE              | CALL SIGN        | DSE   | CALL SIGN             | DSE  | CALL SIGN      | DSE         | Computation of            |  |  |  |
| CALL SIGN             | DSE              | CALL SIGN        | DSE   | CALL SIGN             | DSE  | CALL SIGN      | DSE         | Base Rate Fe              |  |  |  |
|                       |                  |                  |   |                       |  |                |             | and                       |  |  |  |
|                       |                  |                  |   |                       |  | .              |             | Syndicated<br>Exclusivity |  |  |  |
|                       |                  |                  |   |                       |  |                |             | Surcharge                 |  |  |  |
|                       |                  |                  |   |                       |  |                |             | for                       |  |  |  |
|                       |                  |                  |   |                       |  |                |             | Partially<br>Distant      |  |  |  |
|                       |                  |                  |   |                       |  |                |             | Stations                  |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
| Total DSEs            |                  |                  | 0.00  | Total DSEs            |  |                | 0.00        |                           |  |  |  |
| Gross Receipts First  | Group            | •                | 0.00  | Gross Receipts Seco   | and Group  | ¢              | 0.00        |                           |  |  |  |
| Gioss Receipis Filsi  | Group            | \$               | 0.00  | Gross Receipts Sect   | ond Group  | \$             | 0.00        |                           |  |  |  |
| Base Rate Fee First   | Group            | \$               | 0.00  | Base Rate Fee Seco    | ond Group  | \$             | 0.00        |                           |  |  |  |
|                       |                  | SUBSCRIBER GRO   |   | i i                   |  | SUBSCRIBER GRO | UP <b>0</b> |                           |  |  |  |
| COMMUNITY/ AREA       | A                |                  | 0   | COMMUNITY/ AREA       |  |                |             |                           |  |  |  |
| CALL SIGN             | DSE              | CALL SIGN        | DSE   | CALL SIGN             | DSE  | CALL SIGN      | DSE         |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  | .              |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  | _                |   |                       |  | ·              |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
|                       |                  |                  |   |                       |  |                |             |                           |  |  |  |
| Total DSEs            |                  |                  | 0.00  | Total DSEs            |  |                | 0.00        |                           |  |  |  |
| Gross Receipts Third  | d Group          | \$               | 0.00  | Gross Receipts Four   | rth Group  | \$             | 0.00        |                           |  |  |  |
|                       |                  |                  |   |                       |  |                | <del></del> |                           |  |  |  |
| Base Rate Fee Third   | d Group          | \$               | 0.00  | Base Rate Fee Four    | th Group   | \$             | 0.00        |                           |  |  |  |
|                       |                  |                  |   | <u>  </u>             |  |                |             |                           |  |  |  |
|                       |                  |                  | criber group  | as shown in the boxes | s above.   |                |             |                           |  |  |  |
| Enter here and in blo | ock 3, line 1, s | space L (page 7) |   |                       |  | \$             |             |                           |  |  |  |

| CABLE ONE, INC.                                | R OF CABL | E SYSTEM:       |             |                         |          | SY               | STEM ID#<br>007412 | Name             |
|--|-----------|-----------------|-------------|-------------------------|----------|------------------|--------------------|------------------|
| BL   | OCK A: C  | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH        | SUBSCR   | RIBER GROUP      |                    |                  |
| SIXT   | Y-NINTH   | SUBSCRIBER GROU | JP          | SE\                     | /ENTIETH | SUBSCRIBER GROUP | )                  | •                |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA         |          |                  | 0                  | 9<br>Computation |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE                | of               |
| 0,122 0.011                                    | 302       | 07.22 0.011     | 202         | 5/122 5/5/1             | 202      | 07.22 070.1      | 302                | Base Rate Fee    |
|  |           |                 |             |                         |          |                  |                    | and              |
|  |           | -               |             |                         |          |                  |                    | Syndicated       |
|  |           | -               |             |                         |          |                  |                    | Exclusivity      |
|  |           |                 |             |                         |          |                  |                    | Surcharge        |
|  |           | -               |             |                         |          |                  |                    | for              |
|  |           |                 |             |                         |          |                  |                    | Partially        |
|  |           | -               |             |                         |          |                  |                    | Distant          |
|  |           | -               |             |                         |          |                  |                    | Stations         |
|  |           |                 |             |                         |          | -                |                    |                  |
|  |           | -               |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         | •        |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs              | •        |                  | 0.00               |                  |
| Gross Receipts First Gro                       | oup       | \$              | 0.00        | Gross Receipts Second   | d Group  | \$               | 0.00               |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
| Base Rate Fee First Gro                        | -         | \$              | 0.00        | Base Rate Fee Second    |          | \$               | 0.00               |                  |
|  | Y-FIRST   | SUBSCRIBER GROU |             | ii                      | -SECOND  | SUBSCRIBER GROUP | _                  |                  |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA         |          |                  | 0                  |                  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE                |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         | ļ        |                  |                    |                  |
|  |           | -               |             |                         |          |                  |                    |                  |
|  |           | -               |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs              |          | -                | 0.00               |                  |
| Gross Receipts Third G                         | roup      | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$               | 0.00               |                  |
| Base Rate Fee Third G                          | oup       | \$              | 0.00        | Base Rate Fee Fourth    | Group    | \$               | 0.00               |                  |
| Base Rate Fee: Add the Enter here and in block |           |                 | riber group | as shown in the boxes a | above.   | \$               |                    |                  |
|  |           |                 |             |                         |          |                  |                    |                  |

| LEGAL NAME OF OWN CABLE ONE, INC               |           | E SYSTEM:      |              |                       |           | S              | 007412 | Name                 |
|--|-----------|----------------|--------------|-----------------------|-----------|----------------|--------|----------------------|
|  |           |                |              | TE FEES FOR EAC       |           |                |        |                      |
|  | ITY-THIRD | SUBSCRIBER GRO |              | T .                   |           | SUBSCRIBER GRO |        | 9                    |
| COMMUNITY/ AREA                                |           |                | 0            | COMMUNITY/ AREA       |           |                | 0      | _                    |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE    | Computation of       |
| O/ALL OIGIV                                    | DOL       | O/ LEE O/O/A   | BOL          | OALL GIGIT            | BOL       | ONLE GIGIT     | DOL    | Base Rate Fe         |
|  |           |                |              |                       |           |                |        | and                  |
|  |           |                |              |                       |           |                |        | Syndicated           |
|  |           |                |              |                       |           |                |        | Exclusivity          |
|  |           |                |              |                       |           |                |        | Surcharge            |
|  |           |                |              |                       |           |                |        | for                  |
|  |           |                |              |                       |           |                |        | Partially<br>Distant |
|  |           |                | <u> </u>     |                       |           |                |        | Stations             |
|  |           |                |              |                       |           |                |        | Gtationo             |
|  |           | -              |              |                       |           | -              |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
| Total DSEs                                     |           |                | 0.00         | Total DSEs            |           |                | 0.00   |                      |
| Gross Receipts First (                         | Group     | \$             | 0.00         | Gross Receipts Seco   | nd Group  | \$             | 0.00   |                      |
| Base Rate Fee First (                          | Group     | \$             | 0.00         | Base Rate Fee Seco    | nd Group  | \$             | 0.00   |                      |
| SEVE   | NTY-FIFTH | SUBSCRIBER GRO | UP           | SEVE                  | NTY-SIXTH | SUBSCRIBER GRO | UP     |                      |
| COMMUNITY/ AREA                                |           |                | 0            | COMMUNITY/ AREA       |           |                | 0      |                      |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE    |                      |
|  |           | -              |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           | -              |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           | -              |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           | -              |              |                       |           | -              |        |                      |
|  |           |                |              |                       |           |                |        |                      |
|  |           |                |              |                       |           |                |        |                      |
| Total DSEs                                     |           |                | 0.00         | Total DSEs            |           |                | 0.00   |                      |
| Gross Receipts Third                           | Group     | \$             | 0.00         | Gross Receipts Four   | th Group  | \$             | 0.00   |                      |
| Base Rate Fee Third                            | Group     | \$             | 0.00         | Base Rate Fee Four    | th Group  | \$             | 0.00   |                      |
| Base Rate Fee: Add t<br>Enter here and in bloc |           |                | criber group | as shown in the boxes | above.    | \$             |        |                      |

|   |  |                              |                               | TE FEES FOR EAC                                       | CH SUBSCR           | RIBER GROUP                  |  |                  |
|---|--|------------------------------|-------------------------------|---|---------------------|------------------------------|--|------------------|
|   |  | SUBSCRIBER GRO               |                               | T .   |                     | SUBSCRIBER GRO               |  | 9                |
| COMMUNITY/ AREA   | 4  |                              | 0                             | COMMUNITY/ AREA                                       | Α                   |                              | 0  | Computat         |
| CALL SIGN   | DSE  | CALL SIGN                    | DSE                           | CALL SIGN   | DSE                 | CALL SIGN                    | DSE  | of               |
|   |  |                              |                               |   |                     |                              |  | Base Rate        |
|   |  |                              |                               |   |                     |                              |  | and              |
|   |  |                              |                               |   |                     | -                            |  | Syndicat         |
|   |  |                              |                               |   |                     |                              |  | Exclusivi        |
|   |  |                              |                               |   |                     | -                            |  | Surchar          |
|   |  |                              |                               |   |                     |                              |  | for<br>Partially |
|   |  |                              |                               |   |                     |                              |  | Distant          |
|   |  | -                            |                               |   |                     | ·                            |  | Stations         |
|   |  | -                            |                               |   |                     |                              |  |                  |
|   |  |                              |                               |   |                     |                              |  |                  |
|   |  |                              |                               |   |                     |                              |  |                  |
|   |  |                              |                               |   |                     |                              |  |                  |
|   |  |                              |                               |   |                     |                              |  |                  |
|   |  |                              |                               |   |                     |                              | 2 5 5  |                  |
| otal DSEs   |  |                              | 0.00                          | Total DSEs  |                     |                              | 0.00   |                  |
| ross Receipts First   | Group  | \$                           | 0.00                          | Gross Receipts Sec                                    | ond Group           | \$                           | 0.00   |                  |
|   |  |                              |                               |   |                     |                              |  |                  |
| ase Rate Fee First  | Group  | \$                           | 0.00                          | Base Rate Fee Seco                                    | and Group           | \$                           | 0.00   |                  |
|   | se Rate Fee First Group \$ 0.00  |                              |                               | Dasc Nate I ce oco                                    | ond Group           | *                            | 0.00   |                  |
| SEVENTY-NINTH SUBSCRIBER GROUP EIG  |  |                              |                               | Buse Nate 1 ce sess                                   |                     |                              |  |                  |
|   |  | SUBSCRIBER GRO               | DUP                           |   | EIGHTIETH           | SUBSCRIBER GRO               | UP   |                  |
|   |  | SUBSCRIBER GRO               |                               | COMMUNITY/ AREA                                       | EIGHTIETH           |                              |  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
|   |  | SUBSCRIBER GRO               | DUP                           |   | EIGHTIETH           |                              | UP   |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| OMMUNITY/ AREA  | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| OMMUNITY/ AREA  | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| OMMUNITY/ AREA  | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| COMMUNITY/ AREA   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| OMMUNITY/ AREA  | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| CALL SIGN   | A  |                              | DUP 0 DSE                     | CALL SIGN   | EIGHTIETH           | SUBSCRIBER GRO               | DSE  |                  |
| CALL SIGN   | A  |                              | OUP 0                         | COMMUNITY/ AREA                                       | EIGHTIETH           | SUBSCRIBER GRO               | UP <b>0</b>  |                  |
| CALL SIGN  CALL SIGN  Total DSEs  | DSE  |                              | DUP 0 DSE                     | CALL SIGN   | DSE                 | SUBSCRIBER GRO               | DSE  |                  |
| COMMUNITY/ AREA   | DSE  | CALL SIGN                    | DUP  DSE  0 0 0 0 0 0 0 0 0 0 | CALL SIGN  CALL SIGN  Total DSEs                      | DSE                 | CALL SIGN                    | DSE DSE DSO DO |                  |
| CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Third                    | DSE STORY OF THE S | CALL SIGN                    | DUP 0                         | CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Four | DSE  th Group       | SUBSCRIBER GRO  CALL SIGN  * | DSE  |                  |
| CALL SIGN  Call SIGN  otal DSEs   | DSE STORY OF THE S | CALL SIGN                    | DUP  DSE  0 0 0 0 0 0 0 0 0 0 | CALL SIGN  CALL SIGN  Total DSEs                      | DSE  th Group       | CALL SIGN                    | DSE DSE DSO DO |                  |
| CALL SIGN  CALL SIGN  Data DSEs  Tross Receipts Third                     | DSE STORY OF THE S | CALL SIGN                    | DUP 0                         | CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Four | DSE THE Group       | SUBSCRIBER GRO  CALL SIGN  * | DSE  |                  |
| CALL SIGN  CALL SIGN  Dotal DSEs  ross Receipts Third  ase Rate Fee Third | DSE  DSE  Group  Group  the base rat   | \$ \$ \$e fees for each subs | 0.00<br>0.00<br>0.00          | CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Four | DSE  when the Group | SUBSCRIBER GRO  CALL SIGN  * | DSE  |                  |

| LEGAL NAME OF OWN  CABLE ONE, INC |           | E SYSTEM:                        |      |                     |                   | S                            | 007412 | Name                |  |
|-----------------------------------|-----------|----------------------------------|------|---------------------|-------------------|------------------------------|--------|---------------------|--|
|                                   |           | COMPUTATION OF<br>SUBSCRIBER GRO |      | TE FEES FOR EAC     |                   | IBER GROUP<br>SUBSCRIBER GRO | UP     | 9                   |  |
| COMMUNITY/ AREA                   |           |                                  | 0    | COMMUNITY/ AREA     | COMMUNITY/ AREA 0 |                              |        |                     |  |
| CALL SIGN                         | DSE       | CALL SIGN                        | DSE  | CALL SIGN           | DSE               | CALL SIGN                    | DSE    | Computation of      |  |
|                                   |           | _                                |      |                     |                   |                              |        | Base Rate Fe        |  |
|                                   |           |                                  |      |                     |                   |                              |        | and<br>Syndicated   |  |
|                                   |           |                                  |      |                     |                   |                              |        | Exclusivity         |  |
|                                   |           |                                  |      |                     |                   |                              |        | Surcharge<br>for    |  |
|                                   |           | -                                |      |                     |                   |                              |        | Partially           |  |
|                                   |           |                                  |      |                     |                   |                              |        | Distant<br>Stations |  |
|                                   |           | -                                |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
| Tatal DOF                         |           |                                  | 0.00 | T. ( ) DOF .        |                   |                              | 0.00   |                     |  |
| Total DSEs                        | D         | •                                | 0.00 | Total DSEs          |                   |                              | 0.00   |                     |  |
| Gross Receipts First (            | oroup .   | \$                               | 0.00 | Gross Receipts Seco | ona Group         | \$                           | 0.00   |                     |  |
| Base Rate Fee First (             | Group     | \$                               | 0.00 | Base Rate Fee Seco  | ond Group         | \$                           | 0.00   |                     |  |
|                                   | HTY-THIRD | SUBSCRIBER GRO                   |      | T .                 |                   | SUBSCRIBER GRO               | _      |                     |  |
| COMMUNITY/ AREA                   |           |                                  | 0    | COMMUNITY/ AREA     | A                 |                              | 0      |                     |  |
| CALL SIGN                         | DSE       | CALL SIGN                        | DSE  | CALL SIGN           | DSE               | CALL SIGN                    | DSE    |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
|                                   |           | -                                |      |                     |                   |                              |        |                     |  |
|                                   |           | -                                |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
|                                   |           | -                                |      |                     |                   |                              |        |                     |  |
|                                   |           | -                                |      |                     |                   |                              |        |                     |  |
|                                   |           |                                  |      |                     |                   |                              |        |                     |  |
| Total DSEs                        |           |                                  | 0.00 | Total DSEs          |                   |                              | 0.00   |                     |  |
| Gross Receipts Third              | Group     | \$                               | 0.00 | Gross Receipts Four | th Group          | \$                           | 0.00   |                     |  |
| Base Rate Fee Third               | Group     | \$                               | 0.00 | Base Rate Fee Four  | th Group          | \$                           | 0.00   |                     |  |
|                                   |           |                                  |      |                     |                   | \$                           | 0.00   |                     |  |

| LEGAL NAME OF OWNE               |           | E SYSTEM:      |                |                       |           | S              | 007412         | Name                      |
|----------------------------------|-----------|----------------|----------------|-----------------------|-----------|----------------|----------------|---------------------------|
|                                  |           |                |                | TE FEES FOR EAC       |           |                |                |                           |
| EIGH<br>COMMUNITY/ AREA          | ITY-FIFTH | SUBSCRIBER GRO | <u> 0</u>      | COMMUNITY/ AREA       |           | SUBSCRIBER GRO | UP<br><b>0</b> | 9                         |
| CALL SIGN                        | Dec       | CALL SIGN      | Трег           | CALL SIGN             | Dec       | CALL SIGN      | Dec            | Computation of            |
| CALL SIGN                        | DSE       | CALL SIGN      | DSE            | CALL SIGN             | DSE       | CALL SIGN      | DSE            | Base Rate Fe              |
|                                  |           |                |                |                       |           |                |                | and                       |
|                                  |           |                |                |                       |           |                |                | Syndicated<br>Exclusivity |
|                                  |           |                |                |                       |           |                |                | Surcharge                 |
|                                  |           |                |                |                       |           |                |                | for<br>Partially          |
|                                  |           |                |                |                       |           |                |                | Distant                   |
|                                  |           | -              |                |                       |           |                |                | Stations                  |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           | -              |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
| Total DSEs                       |           |                | 0.00           | Total DSEs            |           |                | 0.00           |                           |
| Gross Receipts First G           | roup      | \$             | 0.00           | Gross Receipts Seco   | ond Group | \$             | 0.00           |                           |
|                                  |           |                |                |                       |           |                |                |                           |
| Base Rate Fee First G            |           | \$             | 0.00           | Base Rate Fee Seco    |           | \$             | 0.00           |                           |
| EIGHTY-<br>COMMUNITY/ AREA       | SEVENTH   | SUBSCRIBER GRO | UP<br><b>0</b> | COMMUNITY/ AREA       |           | SUBSCRIBER GRO | UP <b>0</b>    |                           |
| COMMONT IT AREA                  |           |                |                | COMMONT IT AREA       | `         |                |                |                           |
| CALL SIGN                        | DSE       | CALL SIGN      | DSE            | CALL SIGN             | DSE       | CALL SIGN      | DSE            |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           | -              |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           | -              |                |                       |           | -              |                |                           |
|                                  |           | -              |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
|                                  |           |                |                |                       |           |                |                |                           |
| Total DSEs                       |           |                | 0.00           | Total DSEs            |           | -              | 0.00           |                           |
| Gross Receipts Third (           | Group     | \$             | 0.00           | Gross Receipts Four   | th Group  | \$             | 0.00           |                           |
| Base Rate Fee Third 0            | Group     | \$             | 0.00           | Base Rate Fee Four    | th Group  | \$             | 0.00           |                           |
| Rate Fee: Add there and in block |           |                | criber group   | as shown in the boxes | s above.  | \$             |                |                           |

| LEGAL NAME OF OWN      |                    | E SYSTEM:                     |      |                       |                   | S                            | YSTEM ID#<br>007412 | Name                |  |
|------------------------|--------------------|-------------------------------|------|-----------------------|-------------------|------------------------------|---------------------|---------------------|--|
|                        |                    | COMPUTATION OF SUBSCRIBER GRO |      | TE FEES FOR EACH      |                   | IBER GROUP<br>SUBSCRIBER GRO | IID                 |                     |  |
| COMMUNITY/ AREA        |                    | SOBSCRIBER GRO                | 0    | COMMUNITY/ AREA       | COMMUNITY/ AREA 0 |                              |                     |                     |  |
| CALL SIGN              | DSE                | CALL SIGN                     | DSE  | CALL SIGN             | DSE               | CALL SIGN                    | DSE                 | Computation of      |  |
|                        |                    | -                             |      |                       |                   |                              |                     | Base Rate Fe        |  |
|                        |                    |                               |      |                       |                   |                              |                     | and<br>Syndicated   |  |
|                        |                    |                               |      |                       |                   |                              |                     | Exclusivity         |  |
|                        |                    |                               |      |                       |                   |                              |                     | Surcharge<br>for    |  |
|                        |                    | -                             |      |                       |                   |                              |                     | Partially           |  |
|                        |                    |                               |      |                       |                   |                              |                     | Distant<br>Stations |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
| T / LD05               |                    |                               | 0.00 | T / 1805              |                   |                              | 0.00                |                     |  |
| Total DSEs             | <b>.</b>           | •                             | 0.00 | Total DSEs            | 0                 |                              | 0.00                |                     |  |
| Gross Receipts First G | roup               | \$                            | 0.00 | Gross Receipts Secon  | na Group          | \$                           | 0.00                |                     |  |
| Base Rate Fee First G  | Group              | \$                            | 0.00 | Base Rate Fee Secon   | nd Group          | \$                           | 0.00                |                     |  |
|                        | TY-FIRST           | SUBSCRIBER GRO                |      | T .                   |                   | SUBSCRIBER GRO               |                     |                     |  |
| COMMUNITY/ AREA        |                    |                               | 0    | COMMUNITY/ AREA       |                   |                              | 0                   |                     |  |
| CALL SIGN              | DSE                | CALL SIGN                     | DSE  | CALL SIGN             | DSE               | CALL SIGN                    | DSE                 |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    | _                             |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    | -                             |      |                       |                   |                              |                     |                     |  |
|                        |                    | -                             |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
|                        |                    | -                             |      |                       |                   |                              |                     |                     |  |
|                        |                    |                               |      |                       |                   |                              |                     |                     |  |
| Total DSEs             |                    |                               | 0.00 | Total DSEs            |                   |                              | 0.00                |                     |  |
| Gross Receipts Third   | Group              | \$                            | 0.00 | Gross Receipts Fourt  | h Group           | \$                           | 0.00                |                     |  |
| Base Rate Fee Third (  | Group              | \$                            | 0.00 | Base Rate Fee Fourt   | h Group           | \$                           | 0.00                |                     |  |
|                        | he <b>base rat</b> | e fees for each subs          |      | as shown in the boxes |                   | \$                           | 0.00                |                     |  |

| LEGAL NAME OF OWN  CABLE ONE, INC |           | E SYSTEM:                     |              |                       |           | S                            | 007412 | Name                     |
|-----------------------------------|-----------|-------------------------------|--------------|-----------------------|-----------|------------------------------|--------|--------------------------|
|                                   |           | COMPUTATION OF SUBSCRIBER GRO |              | TE FEES FOR EAC       |           | IBER GROUP<br>SUBSCRIBER GRO | LIP    |                          |
| COMMUNITY/ AREA                   |           | OUDCONDEN ONC                 | 0            | COMMUNITY/ AREA       |           | OCCUPANT ON O                | 0      | 9                        |
| CALL SIGN                         | DSE       | CALL SIGN                     | DSE          | CALL SIGN             | DSE       | CALL SIGN                    | DSE    | Computation<br>of        |
|                                   |           |                               |              |                       |           |                              |        | Base Rate Fe             |
|                                   |           |                               |              |                       |           |                              |        | Syndicated               |
|                                   |           |                               |              |                       |           |                              |        | Exclusivity<br>Surcharge |
|                                   |           | -                             |              |                       |           |                              |        | for                      |
|                                   |           |                               |              |                       |           |                              |        | Partially<br>Distant     |
|                                   |           | -                             |              |                       |           |                              |        | Stations                 |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           | _                             |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
| Total DSEs                        |           |                               | 0.00         | Total DSEs            |           |                              | 0.00   |                          |
| Gross Receipts First (            | Group     | \$                            | 0.00         | Gross Receipts Seco   | ond Group | \$                           | 0.00   |                          |
| Base Rate Fee First (             | Group     | \$                            | 0.00         | Base Rate Fee Seco    | ond Group | \$                           | 0.00   |                          |
|                                   | ETY-FIFTH | SUBSCRIBER GRO                |              |                       |           | SUBSCRIBER GRO               | UP 0   |                          |
| COMMUNITY/ AREA                   |           |                               | 0            | COMMUNITY/ AREA       |           |                              |        |                          |
| CALL SIGN                         | DSE       | CALL SIGN                     | DSE          | CALL SIGN             | DSE       | CALL SIGN                    | DSE    |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           | -                             |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           | -                             |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
|                                   |           |                               |              |                       |           |                              |        |                          |
| Total DSEs                        |           |                               | 0.00         | Total DSEs            |           | -                            | 0.00   |                          |
| Gross Receipts Third              | Group     | \$                            | 0.00         | Gross Receipts Four   | th Group  | \$                           | 0.00   |                          |
| Base Rate Fee Third               | Group     | \$                            | 0.00         | Base Rate Fee Four    | th Group  | \$                           | 0.00   |                          |
| Base Rate Fee: Add t              |           |                               | criber group | as shown in the boxes | s above.  | \$                           |        |                          |

| LEGAL NAME OF OWN                           |       | LE SYSTEM:                      |              |                       |            | S                            | 007412 | Name                |
|---|-------|---------------------------------|--------------|-----------------------|------------|------------------------------|--------|---------------------|
|   |       | COMPUTATION O<br>SUBSCRIBER GRO |              | H .                   | ETY-EIGHTH | IBER GROUP<br>SUBSCRIBER GRO | UP     | •                   |
| COMMUNITY/ AREA                             |       |                                 | 0            | COMMUNITY/ AREA       | Α          |                              | 0      | 9<br>Computation    |
| CALL SIGN                                   | DSE   | CALL SIGN                       | DSE          | CALL SIGN             | DSE        | CALL SIGN                    | DSE    | of                  |
|   |       |                                 |              |                       |            |                              |        | Base Rate Fe        |
|   |       |                                 |              |                       |            |                              |        | and<br>Syndicated   |
|   |       |                                 |              |                       |            |                              |        | Exclusivity         |
|   |       |                                 |              |                       |            |                              |        | Surcharge<br>for    |
|   |       | -                               |              |                       |            |                              |        | Partially           |
|   |       |                                 |              |                       |            |                              |        | Distant<br>Stations |
|   |       |                                 |              |                       |            |                              |        | Stations            |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
| Total DSEs                                  |       |                                 | 0.00         | Total DSEs            |            |                              | 0.00   |                     |
| Gross Receipts First                        | Group | \$                              | 0.00         | Gross Receipts Seco   | ond Group  | \$                           | 0.00   |                     |
| Base Rate Fee First                         | Group | \$                              | 0.00         | Base Rate Fee Seco    | ond Group  | \$                           | 0.00   |                     |
|   |       | SUBSCRIBER GRO                  |              | i i                   |            | SUBSCRIBER GRO               | _      |                     |
| COMMUNITY/ AREA                             |       |                                 | 0            | COMMUNITY/ AREA       | 4          |                              | 0      |                     |
| CALL SIGN                                   | DSE   | CALL SIGN                       | DSE          | CALL SIGN             | DSE        | CALL SIGN                    | DSE    |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       | -                               |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
| Total DSEs                                  |       |                                 | 0.00         | Total DSEs            |            |                              | 0.00   |                     |
| Gross Receipts Third                        | Group | \$                              | 0.00         | Gross Receipts Four   | rth Group  | \$                           | 0.00   |                     |
| ,   |       |                                 |              |                       | '          |                              |        |                     |
| Base Rate Fee Third                         | Group | \$                              | 0.00         | Base Rate Fee Four    | th Group   | \$                           | 0.00   |                     |
|   |       |                                 |              |                       |            |                              |        |                     |
| Base Rate Fee: Add<br>Enter here and in blo |       |                                 | criber group | as shown in the boxes | s above.   | \$                           |        |                     |

| CABLE ONE, INC.                   | R OF CABL    | E SYSTEM:                         |             |                       |          | SY                            | (STEM ID#<br>007412 | Name             |
|-----------------------------------|--------------|-----------------------------------|-------------|-----------------------|----------|-------------------------------|---------------------|------------------|
|                                   |              | COMPUTATION OF<br>SUBSCRIBER GROU |             | ONE HUNDRED           |          | IBER GROUP<br>SUBSCRIBER GROU | P <b>0</b>          | 9                |
| COMMUNITY AREA                    |              |                                   | U           | COMMUNITY AREA        |          |                               |                     | Computation      |
| CALL SIGN                         | DSE          | CALL SIGN                         | DSE         | CALL SIGN             | DSE      | CALL SIGN                     | DSE                 | of               |
|                                   |              |                                   |             |                       |          |                               |                     | Base Rate Fee    |
|                                   |              | =                                 |             |                       |          | _                             |                     | and              |
|                                   |              | -                                 |             |                       |          |                               |                     | Syndicated       |
|                                   |              | -                                 |             |                       |          |                               |                     | Exclusivity      |
|                                   |              |                                   |             |                       |          |                               |                     | Surcharge<br>for |
|                                   |              |                                   |             |                       |          |                               |                     | Partially        |
|                                   |              | -                                 |             |                       |          | -                             |                     | Distant          |
|                                   |              |                                   |             |                       |          |                               |                     | Stations         |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              | -                                 |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
| Tatal DOEs                        |              |                                   | 0.00        | T.A.I DOE:            |          |                               | 0.00                |                  |
| Total DSEs                        |              |                                   | 0.00        | Total DSEs            |          |                               | 0.00                |                  |
| Gross Receipts First Gr           | oup          | \$                                | 0.00        | Gross Receipts Secon  | d Group  | \$                            | 0.00                |                  |
| <b>Base Rate Fee</b> First Gr     | oup          | \$                                | 0.00        | Base Rate Fee Secon   | d Group  | \$                            | 0.00                |                  |
| ONE HUNDRE                        | D THIRD      | SUBSCRIBER GROU                   | JP          | ONE HUNDREI           | ) FOURTH | SUBSCRIBER GROU               | P                   |                  |
| COMMUNITY/ AREA                   |              |                                   | 0           | COMMUNITY/ AREA       |          |                               | 0                   |                  |
| CALL SIGN                         | DSE          | CALL SIGN                         | DSE         | CALL SIGN             | DSE      | CALL SIGN                     | DSE                 |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              | _                                 |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              | -                                 |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
|                                   |              |                                   |             |                       |          |                               |                     |                  |
| Total DSEs                        |              |                                   | 0.00        | Total DSEs            |          |                               | 0.00                |                  |
| Cross Bossints Third C            | roup         | •                                 | 0.00        |                       | Croup    | ¢                             | 0.00                |                  |
| Gross Receipts Third G            | Toup         | \$                                | 0.00        | Gross Receipts Fourth | i Gioup  | \$                            | 0.00                |                  |
| sase Rate Fee Third Group \$ 0.00 |              | Base Rate Fee Fourth              | ı Group     | \$                    | 0.00     |                               |                     |                  |
|                                   |              |                                   | riber group | as shown in the boxes | above.   |                               |                     |                  |
| Enter here and in block           | ა, line 1, s | space L (page 7)                  |             |                       |          | \$                            |                     |                  |

| CABLE ONE, INC                                   | SAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  O07412 |                      |               |                      |            |                |      |                      |
|--|--|----------------------|---------------|----------------------|------------|----------------|------|----------------------|
|  | BLOCK A: (   | COMPUTATION O        | F BASE RA     | TE FEES FOR EAC      | H SUBSCF   | RIBER GROUP    |      |                      |
| ONE HUND   | RED FIFTH  | SUBSCRIBER GRO       | OUP           | ONE HUNI             | DRED SIXTH | SUBSCRIBER GRO | UP   | ^                    |
| COMMUNITY/ AREA                                  |  |                      | 0             | COMMUNITY/ AREA      | Α          |                | 0    | 9<br>Computation     |
| CALL SIGN  | DSE  | CALL SIGN            | DSE           | CALL SIGN            | DSE        | CALL SIGN      | DSE  | of                   |
|  |  |                      |               |                      |            |                |      | Base Rate F          |
|  |  |                      |               |                      |            |                |      | and                  |
|  |  | <u></u>              |               |                      |            |                |      | Syndicated           |
|  |  |                      |               |                      |            |                |      | Exclusivity          |
|  |  |                      |               |                      |            |                |      | Surcharge            |
|  |  |                      |               |                      |            |                |      | for                  |
|  |  |                      |               |                      |            |                |      | Partially<br>Distant |
|  |  |                      |               |                      |            | -              |      | Stations             |
|  |  |                      |               |                      |            |                |      | Otations             |
|  |  | +                    |               |                      |            | +              |      |                      |
|  |  | H                    |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
| otal DSEs  |  |                      | 0.00          | Total DSEs           |            |                | 0.00 |                      |
| ross Receipts First                              | Group  | \$                   | 0.00          | Gross Receipts Sec   | and Group  | \$             | 0.00 |                      |
| roos recocipis i iist                            | Огоцр  |                      | 0.00          | Cross receipts dece  | ona Group  | *              |      |                      |
| ase Rate Fee First                               | Group  | \$                   | 0.00          | Base Rate Fee Second | ond Group  | \$             | 0.00 |                      |
| ONE HUNDREI                                      | ) SEVENTH  | SUBSCRIBER GRO       | DUP           | ONE HUNDF            | RED EIGHTH | SUBSCRIBER GRO | UP   |                      |
| OMMUNITY/ AREA                                   | ١  |                      | 0             | COMMUNITY/ AREA      | Α          |                | 0    |                      |
|  | ***************************************                |                      |               |                      |            |                |      |                      |
| CALL SIGN  | DSE  | CALL SIGN            | DSE           | CALL SIGN            | DSE        | CALL SIGN      | DSE  |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  | <u></u>              |               |                      |            |                |      |                      |
|  |  | <u></u>              |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            | -              |      |                      |
|  |  |                      |               |                      |            | -              |      |                      |
|  |  | +                    |               |                      |            | +              |      |                      |
|  |  |                      |               |                      |            | +              |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
| otal DSEs  |  |                      | 0.00          | Total DSEs           |            |                | 0.00 |                      |
| cross Receipts Third                             | <u></u>  |                      |               |                      | rth Group  | \$             | 0.00 |                      |
|  | pss Receipts Third Group \$ 0.00                       |                      |               |                      | С. очр     | *              |      |                      |
|  |  |                      |               |                      |            |                |      |                      |
| Base Rate Fee Third                              | Group  | \$                   | 0.00          | Base Rate Fee Four   | rth Group  | \$             | 0.00 |                      |
|  |  |                      |               | <u>II</u>            |            |                |      |                      |
| eo Dato Eco. Add                                 | the back ==  | to fooe for each and | ecriber are:  | as shown in the have | e abovo    |                |      |                      |
| <b>ase Rate Fee:</b> Add<br>nter here and in blo |  |                      | scriber group | as shown in the boxe | s above.   | \$             |      |                      |
| 5 a 111 510                                      | , ,,   | , (k~20 , )          |               |                      |            | *              |      |                      |

| CABLE ONE, INC.                                | R OF CABL                         | E SYSTEM:       |             |                         |          | SY              | STEM ID#<br>007412 | Name             |
|--|-----------------------------------|-----------------|-------------|-------------------------|----------|-----------------|--------------------|------------------|
| BL   | OCK A: C                          | OMPUTATION OF   | BASE RA     | TE FEES FOR EACH        | SUBSCR   | RIBER GROUP     |                    |                  |
| ONE HUNDRE                                     | D NINTH                           | SUBSCRIBER GROU | IP          | ONE HUNDRI              | ED TENTH | SUBSCRIBER GROU | Р                  | 0                |
| COMMUNITY/ AREA                                |                                   |                 | 0           | COMMUNITY/ AREA         |          |                 | 0                  | 9<br>Computation |
| CALL SIGN                                      | DSE                               | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                | of               |
|  |                                   |                 |             |                         |          |                 |                    | Base Rate Fee    |
|  |                                   |                 |             |                         |          |                 |                    | and              |
|  |                                   |                 |             |                         |          | -               |                    | Syndicated       |
|  |                                   |                 |             |                         |          |                 |                    | Exclusivity      |
|  |                                   |                 |             |                         |          |                 |                    | Surcharge<br>for |
|  |                                   |                 |             |                         |          | 1               |                    | Partially        |
|  |                                   |                 |             |                         |          |                 |                    | Distant          |
|  |                                   |                 |             |                         |          |                 |                    | Stations         |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          | •               |                    |                  |
| Total DSEs                                     |                                   |                 | 0.00        | Total DSEs              |          |                 | 0.00               |                  |
| Gross Receipts First Gro                       | oup                               | \$              | 0.00        | Gross Receipts Secon    | d Group  | \$              | 0.00               |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
| Base Rate Fee First Gro                        |                                   | \$              | 0.00        | Base Rate Fee Secon     |          | \$              | 0.00               |                  |
|  | EVENTH                            | SUBSCRIBER GROU |             |                         | TWELVTH  | SUBSCRIBER GROU | Р                  |                  |
| COMMUNITY/ AREA                                |                                   |                 | 0           | COMMUNITY/ AREA         |          |                 |                    |                  |
| CALL SIGN                                      | DSE                               | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE                |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          | H               |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
|  |                                   |                 |             |                         |          | •               |                    |                  |
|  |                                   |                 |             |                         |          |                 |                    |                  |
| Total DSEs                                     |                                   |                 | 0.00        | Total DSEs              |          |                 | 0.00               |                  |
| Gross Receipts Third Gr                        | oup                               | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00               |                  |
| Base Rate Fee Third Gr                         | Base Rate Fee Third Group \$ 0.00 |                 |             |                         | Group    | \$              | 0.00               |                  |
| Base Rate Fee: Add the Enter here and in block |                                   |                 | riber group | as shown in the boxes a | above.   | \$              |                    |                  |

| LEGAL NAME OF OWN CABLE ONE, INC  |          | E SYSTEM:       |             |   |          | S              | 007412 | Name                     |
|-----------------------------------|----------|-----------------|-------------|---|----------|----------------|--------|--------------------------|
|                                   |          |                 |             | TE FEES FOR EACH  |          |                |        |                          |
| ONE HUNDRED TH<br>COMMUNITY/ AREA | IRTEENTH | SUBSCRIBER GROU | JP <b>0</b> | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |          |                |        | 9                        |
|                                   |          |                 |             |   |          |                |        | Computation              |
| CALL SIGN                         | DSE      | CALL SIGN       | DSE         | CALL SIGN   | DSE      | CALL SIGN      | DSE    | of<br>Base Rate Fee      |
|                                   |          |                 |             |   |          |                |        | and                      |
|                                   |          | -               |             |   |          |                |        | Syndicated               |
|                                   |          |                 |             |   |          |                |        | Exclusivity<br>Surcharge |
|                                   |          |                 |             |   |          | -              |        | for                      |
|                                   |          | -               |             |   |          |                |        | Partially<br>Distant     |
|                                   |          |                 |             |   |          |                |        | Stations                 |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
| T                                 |          |                 | 0.00        | T   |          |                | 0.00   |                          |
| Total DSEs                        |          |                 | 0.00        | Total DSEs  |          |                | 0.00   |                          |
| Gross Receipts First (            | Group    | \$              | 0.00        | Gross Receipts Seco   | nd Group | \$             | 0.00   |                          |
| Base Rate Fee First (             | Group    | \$              | 0.00        | Base Rate Fee Second  | nd Group | \$             | 0.00   |                          |
|                                   | IFTEENTH | SUBSCRIBER GRO  |             | <b>†</b>  |          | SUBSCRIBER GRO | _      |                          |
| COMMUNITY/ AREA                   |          |                 | 0           | COMMUNITY/ AREA   |          |                | 0      |                          |
| CALL SIGN                         | DSE      | CALL SIGN       | DSE         | CALL SIGN   | DSE      | CALL SIGN      | DSE    |                          |
|                                   |          | _               |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          | -               |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
|                                   |          |                 |             |   |          |                |        |                          |
| Total DSEs                        |          |                 | 0.00        | Total DSEs  |          |                | 0.00   |                          |
| Gross Receipts Third              | Group    | \$              | 0.00        | Gross Receipts Fourt  | h Group  | \$             | 0.00   |                          |
| Base Rate Fee Third               | Group    | \$              | 0.00        | Base Rate Fee Fourt   | h Group  | \$             | 0.00   |                          |
| Base Rate Fee: Add t              |          |                 | riber group | as shown in the boxes                                       | above.   | \$             |        |                          |

| LEGAL NAME OF OWN     |               | E SYSTEM:        |              |                       |             | S                             | 007412   | Name                |
|-----------------------|---------------|------------------|--------------|-----------------------|-------------|-------------------------------|----------|---------------------|
|                       |               |                  |              | TE FEES FOR EAC       |             | RIBER GROUP<br>SUBSCRIBER GRO | LID      |                     |
| ONE HUNDRED SEV       |               | SUBSCRIBER GRO   | 0            | COMMUNITY/ AREA       |             | SUBSCRIBER GRO                | <b>0</b> | 9                   |
| CALL SIGN             | DSE           | CALL SIGN        | DSE          | CALL SIGN             | DSE         | CALL SIGN                     | DSE      | Computation of      |
|                       |               |                  |              |                       |             |                               |          | Base Rate Fee       |
|                       |               |                  |              |                       |             |                               |          | and<br>Syndicated   |
|                       |               |                  |              |                       |             |                               |          | Exclusivity         |
|                       |               |                  |              |                       |             |                               |          | Surcharge<br>for    |
|                       |               |                  |              |                       |             | -                             |          | Partially           |
|                       |               |                  |              |                       |             |                               |          | Distant<br>Stations |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
| Total DSEs            |               |                  | 0.00         | Total DSEs            |             |                               | 0.00     |                     |
| Gross Receipts First  | Group         | \$               | 0.00         | Gross Receipts Seco   | and Group   | \$                            | 0.00     |                     |
| Base Rate Fee First   | Group         | \$               | 0.00         | Base Rate Fee Seco    | ond Group   | \$                            | 0.00     |                     |
| ONE HUNDRED           | NINTEENTH     | SUBSCRIBER GRO   | JP           | ONE HUNDRED 1         | TWENTIETH 1 | SUBSCRIBER GRO                | UP       |                     |
| COMMUNITY/ AREA       |               |                  | 0            | COMMUNITY/ AREA       | <b>A</b>    |                               | 0        |                     |
| CALL SIGN             | DSE           | CALL SIGN        | DSE          | CALL SIGN             | DSE         | CALL SIGN                     | DSE      |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
|                       |               |                  |              |                       |             |                               |          |                     |
| Total DSEs            |               |                  | 0.00         | Total DSEs            |             |                               | 0.00     |                     |
| Gross Receipts Third  | Group         | \$               | 0.00         | Gross Receipts Four   | th Group    | \$                            | 0.00     |                     |
| Base Rate Fee Third   | Group         | \$               | 0.00         | Base Rate Fee Four    | th Group    | \$                            | 0.00     |                     |
|                       |               |                  | criber group | as shown in the boxes | s above.    |                               |          |                     |
| Enter here and in blo | ck 3, line 1, | space L (page 7) |              |                       |             | \$                            |          |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |   |                       |                                    |                                     |            |                  |          |                     |
|---|---|-----------------------|------------------------------------|-------------------------------------|------------|------------------|----------|---------------------|
|   | BLOCK A: (  | COMPUTATION O         | F BASE RA                          | ATE FEES FOR EAC                    | CH SUBSCF  | RIBER GROUP      |          |                     |
| ONE HUNDRED TW  | ENTY-FIRST  | SUBSCRIBER GRO        | UP                                 | ONE HUNDRED TWEE                    | NTY-SECOND | SUBSCRIBER GROUP | )        | •                   |
| COMMUNITY/ AREA   |   |                       | 0                                  | COMMUNITY/ AREA                     | Α          |                  | 0        | 9<br>Computation    |
| CALL SIGN   | DSE   | CALL SIGN             | DSE                                | CALL SIGN                           | DSE        | CALL SIGN        | DSE      | of                  |
|   |   |                       |                                    |                                     |            |                  |          | Base Rate F         |
|   |   |                       |                                    |                                     |            | -                |          | and                 |
|   |   |                       |                                    |                                     |            |                  |          | Syndicated          |
|   |   | _                     |                                    |                                     |            |                  |          | Exclusivity         |
|   |   |                       |                                    |                                     |            | <br>             |          | Surcharge           |
|   |   |                       |                                    |                                     |            |                  |          | for                 |
|   |   |                       |                                    |                                     |            | -                |          | Partially           |
|   |   |                       |                                    |                                     |            |                  |          | Distant<br>Stations |
|   |   |                       |                                    |                                     |            |                  |          | Stations            |
|   |   |                       |                                    |                                     |            | -                |          |                     |
|   |   | H                     |                                    |                                     |            | +                |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
| otal DSEs   |   |                       | 0.00                               | Total DSEs                          |            |                  | 0.00     |                     |
| Gross Receipts First  | Group   | \$                    | 0.00                               | Gross Receipts Second Group \$ 0.00 |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
| ase Rate Fee First  | Group   | \$                    | 0.00                               | Base Rate Fee Sec                   | ond Group  | \$               | 0.00     |                     |
| ONE HUNDRED TW  | ENTY-THIRD  | SUBSCRIBER GROU       | Р                                  | ONE HUNDRED TWE                     | NTY-FOURTH | SUBSCRIBER GROUP | <b>)</b> |                     |
| COMMUNITY/ AREA   |   |                       | 0                                  | COMMUNITY/ ARE                      | Α          |                  | 0        |                     |
| CALL SIGN   | DSE   | CALL SIGN             | DSE                                | CALL SIGN                           | DSE        | CALL SIGN        | DSE      |                     |
|   |   | -                     |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            | -                |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   | -                     |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   | -                     |                                    |                                     |            | 1                |          |                     |
|   |   | H                     |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   | -                     |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
| otal DSEs   |   |                       | 0.00                               | Total DSEs                          |            |                  | 0.00     |                     |
|   |   |                       |                                    |                                     |            |                  |          |                     |
| Gross Receipts Third  | l Group   | \$                    | 0.00                               | Gross Receipts Fou                  | rth Group  | \$               | 0.00     |                     |
| sase Rate Fee Third Group \$ 0.00   |   |                       | Base Rate Fee Fourth Group \$ 0.00 |                                     |            | 0.00             |          |                     |
|   |   |                       |                                    | <u> </u>                            |            |                  |          |                     |
| ase Rate Fee: Add   | the base rat                                      | te fees for each subs | criber group                       | as shown in the boxe                | s above.   |                  |          |                     |
|   | ter here and in block 3, line 1, space L (page 7) |                       |                                    |                                     |            | \$               |          |                     |
|   |   |                       |                                    |                                     |            | L                |          |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |                   |                       |         |                         |           |                  |      |                      |
|---|-------------------|-----------------------|---------|-------------------------|-----------|------------------|------|----------------------|
|   |                   |                       | BASE RA | TE FEES FOR EACH        | SUBSCR    | IBER GROUP       |      |                      |
|   | NTY-FIFTH         | SUBSCRIBER GROUP      |         | 1                       | NTY-SIXTH | SUBSCRIBER GROUP |      | 9                    |
| COMMUNITY/ AREA   |                   |                       | 0       | COMMUNITY/ AREA         |           |                  | 0    | Computation          |
| CALL SIGN   | DSE               | CALL SIGN             | DSE     | CALL SIGN               | DSE       | CALL SIGN        | DSE  | of                   |
|   |                   |                       |         |                         |           |                  |      | Base Rate Fee        |
|   |                   |                       |         |                         |           |                  |      | and<br>Syndicated    |
|   |                   |                       |         |                         |           |                  |      | Exclusivity          |
|   |                   |                       |         |                         |           |                  |      | Surcharge            |
|   |                   |                       |         |                         |           |                  |      | for                  |
|   |                   |                       |         |                         |           |                  |      | Partially<br>Distant |
|   |                   |                       |         |                         |           |                  |      | Stations             |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       | ••••••  |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
| Total DSEs  |                   |                       | 0.00    | Total DSEs              |           |                  | 0.00 |                      |
| Gross Receipts First G  | oup               | \$                    | 0.00    | Gross Receipts Secon    | d Group   | \$               | 0.00 |                      |
| Base Rate Fee First Gr  | oup               | \$                    | 0.00    | Base Rate Fee Secon     | d Group   | \$               | 0.00 |                      |
| NE HUNDRED TWENTY-  | SEVENTH           | SUBSCRIBER GROUP      |         | ONE HUNDRED TWEN        | TY-EIGHTH | SUBSCRIBER GROUP | )    |                      |
| COMMUNITY/ AREA   |                   |                       | 0       | COMMUNITY/ AREA         |           |                  |      |                      |
| CALL SIGN   | DSE               | CALL SIGN             | DSE     | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                      |
|   |                   | -                     |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   | -                     |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           | _                |      |                      |
|   |                   |                       |         |                         |           | -                |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
|   |                   |                       |         |                         |           |                  |      |                      |
| Total DSEs  |                   |                       | 0.00    | Total DSEs              |           |                  | 0.00 |                      |
| Gross Receipts Third G  | roup              | \$                    | 0.00    | Gross Receipts Fourth   | Group     | \$               | 0.00 |                      |
| <b>Base Rate Fee</b> Third G  | roup              | \$                    | 0.00    | Base Rate Fee Fourth    | Group     | \$               | 0.00 |                      |
| ate Fee: Add th   | e <b>base rat</b> | e fees for each subsc |         | as shown in the boxes : |           | \$               |      |                      |

| LEGAL NAME OF OWNER CABLE ONE, INC. | OF CABL  | E SYSTEM:        |          |                       |           | S                | 007412 | Name             |
|-------------------------------------|----------|------------------|----------|-----------------------|-----------|------------------|--------|------------------|
| BLO                                 | OCK A: C | OMPUTATION OF    | BASE RA  | TE FEES FOR EACH      | SUBSCR    | IBER GROUP       |        |                  |
| ONE HUNDRED TWENT                   | Y-NINTH  | SUBSCRIBER GROUP |          | ONE HUNDRED           | THIRTIETH | SUBSCRIBER GROUP | )      | 0                |
| COMMUNITY/ AREA                     |          |                  | 0        | COMMUNITY/ AREA       |           |                  | 0      | 9<br>Computation |
| CALL SIGN                           | DSE      | CALL SIGN        | DSE      | CALL SIGN             | DSE       | CALL SIGN        | DSE    | of               |
|                                     |          |                  |          |                       |           |                  |        | Base Rate Fe     |
|                                     |          |                  |          |                       |           |                  |        | and              |
|                                     |          |                  |          |                       |           |                  |        | Syndicated       |
|                                     |          |                  |          |                       |           |                  |        | Exclusivity      |
|                                     |          |                  |          |                       |           |                  |        | Surcharge<br>for |
|                                     |          |                  |          |                       |           | -                |        | Partially        |
|                                     |          |                  |          |                       |           |                  |        | Distant          |
|                                     |          |                  |          |                       |           |                  |        | Stations         |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  | <u> </u> |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
| Total DSEs                          | l        |                  | 0.00     | Total DSEs            |           |                  | 0.00   |                  |
| Gross Receipts First Gro            | oup      | \$               | 0.00     | Gross Receipts Secon  | d Group   | \$               | 0.00   |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
| Base Rate Fee First Gro             | oup      | \$               | 0.00     | Base Rate Fee Secon   | d Group   | \$               | 0.00   |                  |
| ONE HUNDRED THIR                    | TY-FIRST | SUBSCRIBER GROUP |          | ONE HUNDRED THIRT     | Y-SECOND  | SUBSCRIBER GROUP |        |                  |
| COMMUNITY/ AREA                     |          |                  | 0        | COMMUNITY/ AREA       |           |                  |        |                  |
| CALL SIGN                           | DSE      | CALL SIGN        | DSE      | CALL SIGN             | DSE       | CALL SIGN        | DSE    |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           | -                |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           | -                |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  | <b>.</b> |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       | <b></b>   |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
|                                     |          |                  |          |                       |           |                  |        |                  |
| Total DSEs                          |          |                  | 0.00     | Total DSEs            |           |                  | 0.00   |                  |
| Gross Receipts Third Gr             | oup      | \$               | 0.00     | Gross Receipts Fourth | Group     | \$               | 0.00   |                  |
| Base Rate Fee Third Gr              | oup      | \$               | 0.00     | Base Rate Fee Fourth  | ı Group   | \$               | 0.00   |                  |
| Base Rate Fee: Add the              |          |                  |          | Ш                     |           |                  |        |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |                                  |                       |               |                                     |              |                  |      |                  |
|---|----------------------------------|-----------------------|---------------|-------------------------------------|--------------|------------------|------|------------------|
|   | BLOCK A: (                       | COMPUTATION O         | F BASE RA     | TE FEES FOR EAC                     | CH SUBSCR    | RIBER GROUP      |      |                  |
| ONE HUNDRED TI  | HIRTY-THIRD                      | SUBSCRIBER GROU       | JP            | ONE HUNDRED THI                     | RTY-FOURTH   | SUBSCRIBER GROUP | )    | 0                |
| COMMUNITY/ AREA   |                                  |                       | 0             | COMMUNITY/ ARE                      | Α            |                  | 0    | 9<br>Computation |
| CALL SIGN   | DSE                              | CALL SIGN             | DSE           | CALL SIGN                           | DSE          | CALL SIGN        | DSE  | of               |
|   |                                  |                       |               |                                     |              |                  |      | Base Rate F      |
|   |                                  | <u></u>               |               |                                     |              |                  |      | and              |
|   |                                  |                       |               |                                     |              |                  |      | Syndicate        |
|   |                                  |                       |               |                                     |              |                  |      | Exclusivit       |
|   |                                  |                       |               |                                     |              |                  |      | Surcharge<br>for |
|   |                                  |                       |               |                                     |              | -                |      | Partially        |
|   |                                  |                       |               |                                     |              |                  |      | Distant          |
|   |                                  | -                     |               |                                     |              | -                |      | Stations         |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  | Ш                     |               |                                     |              |                  | _    |                  |
| otal DSEs   |                                  |                       | 0.00          | Total DSEs                          |              | -                | 0.00 |                  |
| Fross Receipts First  | oss Receipts First Group \$ 0.00 |                       | 0.00          | Gross Receipts Second Group \$ 0.00 |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
| ase Rate Fee First  | Group                            | \$                    | 0.00          | Base Rate Fee Sec                   | ond Group    | \$               | 0.00 |                  |
| ONE HUNDRED T   | HIRTY-FIFTH                      | SUBSCRIBER GROU       | JP            | ONE HUNDRED                         | THIRTY-SIXTH | SUBSCRIBER GROUP | )    |                  |
| COMMUNITY/ AREA   |                                  |                       | 0             | COMMUNITY/ ARE                      | Α            |                  | 0    |                  |
| CALL SIGN   | DSE                              | CALL SIGN             | DSE           | CALL SIGN                           | DSE          | CALL SIGN        | DSE  |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              | -                |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
|   |                                  |                       |               |                                     |              |                  |      |                  |
| otal DSEs   |                                  |                       | 0.00          | Total DSEs                          |              |                  | 0.00 |                  |
| Fross Receipts Third  | l Group                          | \$                    | 0.00          | Gross Receipts Fou                  | rth Group    | \$               | 0.00 |                  |
| ļ ······  | •                                |                       |               |                                     | F            |                  |      |                  |
| sase Rate Fee Third   | Group                            | \$                    | 0.00          | Base Rate Fee Fou                   | rth Group    | \$               | 0.00 |                  |
|   |                                  |                       |               | 11                                  |              |                  |      |                  |
| aca Bata Essi Add   | the hase rat                     | te fees for each subs | scriber aroun | as shown in the boxe                | s ahove      |                  |      |                  |
| ase Rate Fee: Add<br>nter here and in blo                                 |                                  |                       | solibei gioup |                                     | S above.     | \$               |      |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |           |                  |              |                       |          |                  |      |                           |
|---|-----------|------------------|--------------|-----------------------|----------|------------------|------|---------------------------|
|   |           |                  |              | TE FEES FOR EACH      |          |                  |      |                           |
| ONE HUNDRED THIRT COMMUNITY/ AREA   | Y-SEVENTH | SUBSCRIBER GROUP | 0            | COMMUNITY/ AREA       |          | SUBSCRIBER GROUP | 0    | 9                         |
| CALL SIGN   | DSE       | CALL SIGN        | DSE          | CALL SIGN             | DSE      | CALL SIGN        | DSE  | Computation of            |
| CALL SIGN   | DSL       | OALL SIGN        | DOL          | OALL SIGN             | DOL      | CALL SIGN        | DOL  | Base Rate Fee             |
|   |           |                  |              |                       |          |                  |      | and                       |
|   |           |                  |              |                       |          |                  |      | Syndicated<br>Exclusivity |
|   |           |                  |              |                       |          |                  |      | Surcharge                 |
|   |           |                  |              |                       |          |                  |      | for<br>Partially          |
|   |           |                  |              |                       |          |                  |      | Distant                   |
|   |           |                  |              |                       |          |                  |      | Stations                  |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
| Total DSEs  |           |                  | 0.00         | Total DSEs            |          |                  | 0.00 |                           |
| Gross Receipts First (  | Group     | \$               | 0.00         | Gross Receipts Seco   | nd Group | \$               | 0.00 |                           |
| Base Rate Fee First (   | Group     | \$               | 0.00         | Base Rate Fee Seco    | nd Group | \$               | 0.00 |                           |
|   |           | SUBSCRIBER GROUP | )            | T .                   |          | SUBSCRIBER GRO   | UP   |                           |
| COMMUNITY/ AREA   |           |                  | 0            | COMMUNITY/ AREA       |          |                  |      |                           |
| CALL SIGN   | DSE       | CALL SIGN        | DSE          | CALL SIGN             | DSE      | CALL SIGN        | DSE  |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
|   |           | -                |              |                       |          |                  |      |                           |
|   |           | -                |              |                       |          |                  |      |                           |
|   |           |                  |              |                       |          |                  |      |                           |
| Total DSEs  |           |                  | 0.00         | Total DSEs            |          |                  | 0.00 |                           |
| Gross Receipts Third  | Group     | \$               | 0.00         | Gross Receipts Fourt  | h Group  | \$               | 0.00 |                           |
| Base Rate Fee Third   | Group     | \$               | 0.00         | Base Rate Fee Fourt   | h Group  | \$               | 0.00 |                           |
| Base Rate Fee: Add :<br>Enter here and in bloo                            |           |                  | criber group | as shown in the boxes | above.   | \$               |      |                           |

|   |            |                 |                                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |           |                  |          |                  |  |  |  |
|---|------------|-----------------|-------------------------------------|---|-----------|------------------|----------|------------------|--|--|--|
|   | BLOCK A: ( | COMPUTATION O   | F BASE RA                           | TE FEES FOR EAC   | H SUBSCR  | IBER GROUP       |          |                  |  |  |  |
|   |            | SUBSCRIBER GROU |                                     | -   |           | SUBSCRIBER GROUP |          | _                |  |  |  |
| COMMUNITY/ AREA                                     |            |                 | 0                                   | COMMUNITY/ AREA   | A         |                  | 0        | 9<br>Computation |  |  |  |
| CALL SIGN   | DSE        | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      | of               |  |  |  |
|   |            |                 |                                     |   |           |                  |          | Base Rate F      |  |  |  |
|   |            |                 |                                     |   |           |                  |          | and              |  |  |  |
|   |            |                 |                                     |   |           |                  |          | Syndicated       |  |  |  |
|   |            |                 |                                     |   |           |                  |          | Exclusivity      |  |  |  |
|   |            |                 |                                     |   |           |                  |          | Surcharge        |  |  |  |
|   |            |                 |                                     |   |           |                  |          | for              |  |  |  |
|   |            |                 |                                     |   |           |                  |          | Partially        |  |  |  |
|   |            | _               |                                     |   |           |                  |          | Distant          |  |  |  |
|   |            | -               |                                     |   |           |                  |          | Stations         |  |  |  |
|   |            |                 |                                     |   |           |                  |          |                  |  |  |  |
|   |            |                 |                                     |   |           |                  |          |                  |  |  |  |
|   |            |                 |                                     |   |           |                  |          |                  |  |  |  |
|   |            |                 |                                     |   |           |                  |          |                  |  |  |  |
|   |            |                 |                                     |   |           | •                |          |                  |  |  |  |
| otal DSEs   |            |                 | 0.00                                | Total DSEs  |           | •                | 0.00     |                  |  |  |  |
|   |            | -               |                                     |   |           |                  |          |                  |  |  |  |
| oss Receipts First Group \$ 0.00                    |            | 0.00            | Gross Receipts Second Group \$ 0.00 |   |           |                  |          |                  |  |  |  |
| ase Rate Fee First (                                | Group      | \$              | 0.00                                | Base Rate Fee Seco  | ond Group | \$               | 0.00     |                  |  |  |  |
|   |            |                 |                                     |   |           |                  |          |                  |  |  |  |
|   |            | SUBSCRIBER GROU |                                     | i i   |           | SUBSCRIBER GROUP |          |                  |  |  |  |
| COMMUNITY/ AREA                                     |            |                 | 0                                   | COMMUNITY/ AREA   | A         |                  | 0        |                  |  |  |  |
| CALL SIGN   | DSE        |                 |                                     | *   |           |                  |          |                  |  |  |  |
|   | DOL        | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   | DOL        | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   | DGL        | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   | DOL        | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   | DOL        | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   | DOL        | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
|   |            | CALL SIGN       | DSE                                 | CALL SIGN   | DSE       | CALL SIGN        | DSE      |                  |  |  |  |
| otal DSEs   |            | CALL SIGN       | DSE O.00                            | Total DSEs  | DSE       | CALL SIGN        | DSE O.00 |                  |  |  |  |
|   |            | \$              | 0.00                                |   |           | CALL SIGN        |          |                  |  |  |  |
|   |            |                 |                                     | Total DSEs  |           |                  | 0.00     |                  |  |  |  |
| Total DSEs Gross Receipts Third Base Rate Fee Third | Group      |                 | 0.00                                | Total DSEs  | th Group  |                  | 0.00     |                  |  |  |  |
| cross Receipts Third                                | Group      | \$              | 0.00                                | Total DSEs Gross Receipts Four  | th Group  | \$               | 0.00     |                  |  |  |  |
| ase Rate Fee Third                                  | Group      | \$              | 0.00                                | Total DSEs Gross Receipts Four  | th Group  | \$               | 0.00     |                  |  |  |  |

|  | SI OCK V· C                             |                          | E RASE DA | TE FEES FOR EAC               | L CI 10000  | DIRED COOLID       |          | _                   |
|--|---|--------------------------|-----------|-------------------------------|-------------|--------------------|----------|---------------------|
| ONE HUNDRED F  |   | SUBSCRIBER GROUP         |           | H                             |             | I SUBSCRIBER GROUP | o        |                     |
| COMMUNITY/ AREA  |   |                          | 0         | COMMUNITY/ ARE                |             |                    | 0        | 9                   |
| CALL SIGN  | DSE                                     | CALL SIGN                | DSE       | CALL SIGN                     | DSE         | CALL SIGN          | DSE      | Computat<br>of      |
|  |   |                          |           |                               |             |                    |          | Base Rate           |
|  |   |                          |           |                               |             |                    |          | and                 |
|  |   |                          |           |                               |             |                    |          | Syndicate           |
|  |   |                          |           |                               |             |                    |          | Exclusivi           |
|  |   |                          |           |                               |             |                    |          | Surcharg            |
|  |   |                          |           |                               |             |                    |          | for                 |
|  |   | H                        |           |                               |             | -                  |          | Partially           |
|  |   | H                        |           |                               |             |                    |          | Distant<br>Stations |
|  |   | H                        |           |                               |             |                    |          | Stations            |
|  |   | H                        | <u></u>   |                               |             |                    |          |                     |
|  |   |                          | 1         |                               |             | -                  |          |                     |
|  |   |                          |           |                               |             | H                  |          |                     |
|  |   |                          |           |                               |             | •                  |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
| otal DSEs  |   |                          | 0.00      | Total DSEs                    |             |                    | 0.00     |                     |
| raca Dagginta First (  | Oralin                                  | •                        | 0.00      |                               | and Craun   | •                  | 0.00     |                     |
| ross Receipts First (  | <b>Jroup</b>                            | \$                       | 0.00      | Gross Receipts Sec            | ona Group   | \$                 | 0.00     |                     |
|  |   |                          |           |                               |             |                    |          |                     |
| Base Rate Fee First (  | ∃roup                                   | \$                       | 0.00      | Base Rate Fee Sec             | ond Group   | \$                 | 0.00     |                     |
| ONE HUNDRED FORT   | Y-SEVENTH                               | SUBSCRIBER GROUP         | >         | ONE HUNDRED FO                | ORTY-EIGHTH | SUBSCRIBER GROUP   | <b>-</b> |                     |
| COMMUNITY/ AREA  |   |                          | 0         | COMMUNITY/ ARE                |             |                    | 0        |                     |
|  | *************************************** |                          |           |                               |             |                    |          |                     |
| CALL SIGN  | DSE                                     | CALL SIGN                | DSE       | CALL SIGN                     | DSE         | CALL SIGN          | DSE      |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   | -                        |           |                               |             |                    |          |                     |
|  |   | П                        |           |                               |             | 'H                 |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   | -                        |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             | -                  |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
|  |   |                          |           |                               |             |                    |          |                     |
| Total DSEs   |   |                          | 0.00      | Total DSEs                    |             |                    | 0.00     |                     |
|  |   |                          | 0.00      | Total DSEs                    |             |                    | 0.00     |                     |
|  | Group                                   | \$                       | 0.00      | Total DSEs Gross Receipts Fou | rth Group   | \$                 | 0.00     |                     |
|  | Group                                   | \$                       |           |                               | rth Group   | \$                 |          |                     |
| Gross Receipts Third   | ·                                       | \$                       |           |                               | ·           | \$                 |          |                     |
| Gross Receipts Third   | ·                                       |                          | 0.00      | Gross Receipts Fou            | ·           |                    | 0.00     |                     |
| ross Receipts Third  | ·                                       |                          | 0.00      | Gross Receipts Fou            | ·           |                    | 0.00     |                     |
| Total DSEs Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add | Group<br>the <b>base rat</b>            | \$ se fees for each subs | 0.00      | Gross Receipts Fou            | rth Group   |                    | 0.00     |                     |

| CABLE ONE, INC.                                | R OF CABL    | E SYSTEM:       |             |                       |          | S                              | YSTEM ID#<br>007412 | Name                     |
|--|--------------|-----------------|-------------|-----------------------|----------|--------------------------------|---------------------|--------------------------|
| BL<br>ONE HUNDRED FORT                         |              |                 |             | TE FEES FOR EACH      |          | RIBER GROUP<br>SUBSCRIBER GROU | ID                  |                          |
| COMMUNITY/ AREA                                | T-INIIN I IT | SUBSCRIBER GROC | 0           | COMMUNITY/ AREA       |          | SUBSCRIBER GROC                | 0                   | 9                        |
| CALL SIGN                                      | DSE          | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN                      | DSE                 | Computation of           |
|  |              |                 |             |                       |          |                                |                     | Base Rate Fee and        |
|  |              | -               |             |                       |          |                                |                     | Syndicated               |
|  |              |                 |             |                       |          |                                |                     | Exclusivity<br>Surcharge |
|  |              | -               |             |                       |          |                                |                     | for                      |
|  |              |                 |             |                       |          |                                |                     | Partially<br>Distant     |
|  |              |                 |             |                       |          |                                |                     | Stations                 |
|  |              |                 |             |                       |          |                                |                     |                          |
|  |              |                 |             |                       |          | _                              |                     |                          |
|  |              |                 |             |                       |          |                                |                     |                          |
| Total DSEs                                     |              |                 | 0.00        | Total DSEs            |          |                                | 0.00                |                          |
| Gross Receipts First Gr                        | oup          | \$              | 0.00        | Gross Receipts Seco   | nd Group | \$                             | 0.00                |                          |
| Base Rate Fee First Gro                        | oup          | \$              | 0.00        | Base Rate Fee Seco    | nd Group | \$                             | 0.00                |                          |
| ONE HUNDRED FIFT                               |              |                 |             |                       |          | SUBSCRIBER GROU                |                     |                          |
| COMMUNITY/ AREA                                |              |                 | 0           | COMMUNITY/ AREA       |          |                                | 0                   |                          |
| CALL SIGN                                      | DSE          | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN                      | DSE                 |                          |
|  |              | -               |             |                       |          |                                |                     |                          |
|  |              |                 |             |                       |          |                                |                     |                          |
|  |              | -               |             |                       |          |                                |                     |                          |
|  |              | -               |             |                       |          |                                |                     |                          |
|  |              | -               |             |                       |          |                                |                     |                          |
|  |              |                 |             |                       |          |                                |                     |                          |
|  |              |                 |             |                       |          |                                |                     |                          |
|  |              |                 |             |                       |          |                                |                     |                          |
|  |              |                 |             |                       |          |                                |                     |                          |
| Total DSEs                                     |              |                 | 0.00        | Total DSEs            |          |                                | 0.00                |                          |
| Gross Receipts Third G                         | roup         | \$              | 0.00        | Gross Receipts Fourt  | h Group  | \$                             | 0.00                |                          |
| Base Rate Fee Third G                          | roup         | \$              | 0.00        | Base Rate Fee Fourt   | h Group  | \$                             | 0.00                |                          |
| Base Rate Fee: Add the Enter here and in block |              |                 | riber group | as shown in the boxes | above.   | \$                             |                     |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |              |                       |              |                                     |             |                |      |                  |
|---|--------------|-----------------------|--------------|-------------------------------------|-------------|----------------|------|------------------|
|   | BLOCK A: (   | COMPUTATION O         | F BASE RA    | TE FEES FOR EAC                     | CH SUBSCR   | RIBER GROUP    |      |                  |
|   |              | SUBSCRIBER GRO        |              |                                     |             | SUBSCRIBER GRO | UP   | •                |
| COMMUNITY/ AREA   |              |                       | 0            | COMMUNITY/ ARE                      | Α           |                | 0    | 9<br>Computation |
| CALL SIGN   | DSE          | CALL SIGN             | DSE          | CALL SIGN                           | DSE         | CALL SIGN      | DSE  | of               |
|   |              |                       |              |                                     |             |                |      | Base Rate F      |
|   |              |                       |              |                                     |             |                |      | and              |
|   |              |                       |              |                                     |             |                |      | Syndicated       |
|   |              |                       |              |                                     |             |                |      | Exclusivity      |
|   |              | _                     |              |                                     |             |                |      | Surcharge        |
|   |              | -                     |              |                                     |             |                |      | for              |
|   |              |                       |              |                                     |             |                |      | Partially        |
|   |              |                       |              |                                     |             |                |      | Distant          |
|   |              |                       |              |                                     |             |                |      | Stations         |
|   |              |                       |              |                                     |             | -              |      |                  |
|   |              |                       |              |                                     |             | -              |      |                  |
|   |              | H                     |              |                                     |             | H              |      |                  |
|   |              |                       |              |                                     |             | •              |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
| otal DSEs   |              |                       | 0.00         | Total DSEs                          |             |                | 0.00 |                  |
| Gross Receipts First  | Group        | \$                    | 0.00         | Gross Receipts Second Group \$ 0.00 |             |                |      |                  |
| •   | ·            |                       |              |                                     |             |                |      |                  |
| ase Rate Fee First  | Group        | \$                    | 0.00         | Base Rate Fee Sec                   | ond Group   | \$             | 0.00 |                  |
| ONE HUNDRED F   | IFTY-FIFTH   | SUBSCRIBER GRO        | DUP          | ONE HUNDRED                         | FIFTY-SIXTH | SUBSCRIBER GRO | UP   |                  |
| COMMUNITY/ AREA   |              |                       | 0            | COMMUNITY/ ARE                      | Α           |                | 0    |                  |
| CALL SIGN   | DSE          | CALL SIGN             | DSE          | CALL SIGN                           | DSE         | CALL SIGN      | DSE  |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              | -                     |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              | -                     |              |                                     |             | · H            |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       |              |                                     |             |                |      |                  |
|   |              |                       | 0.00         |                                     |             |                | 0.00 |                  |
| otal DSEs   |              | -                     | 0.00         | Total DSEs                          |             |                | 0.00 |                  |
| Gross Receipts Third  | Group        | \$                    | 0.00         | Gross Receipts Fou                  | rth Group   | \$             | 0.00 |                  |
| P. L. F. Thirle   |              |                       | D D          |                                     |             | 6.00           |      |                  |
| Base Rate Fee Third   | Group        | \$                    | 0.00         | Base Rate Fee Fou                   | πn Group    | \$             | 0.00 |                  |
|   |              |                       |              | 11                                  |             |                |      |                  |
| aca Bata Eas: Add   | the base rat | te fees for each subs | criber aroun | as shown in the hoxe                | s ahove     |                |      |                  |
| nter here and in blo  |              |                       | oriber group | ac chewin in the boxe               | 3 above.    | \$             |      |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |             |                 |               |                                     |               |                  |      | Name                |
|---|-------------|-----------------|---------------|-------------------------------------|---------------|------------------|------|---------------------|
| [   | BLOCK A: (  | COMPUTATION O   | F BASE RA     | TE FEES FOR EAC                     | CH SUBSCR     | RIBER GROUP      |      |                     |
| ONE HUNDRED FIFT  | Y-SEVENTH   | SUBSCRIBER GROU | JP .          | ONE HUNDRED F                       | FIFTY-EIGHTH  | SUBSCRIBER GROUP | Þ    | ^                   |
| COMMUNITY/ AREA   |             |                 | 0             | COMMUNITY/ ARE                      | Α             |                  | 0    | 9<br>Computation    |
| CALL SIGN   | DSE         | CALL SIGN       | DSE           | CALL SIGN                           | DSE           | CALL SIGN        | DSE  | of                  |
|   |             |                 |               |                                     |               |                  |      | Base Rate F         |
|   |             |                 |               |                                     |               |                  |      | and                 |
|   |             |                 |               |                                     |               |                  |      | Syndicated          |
|   |             | _               |               |                                     |               |                  |      | Exclusivity         |
|   |             |                 |               |                                     |               | <br>             |      | Surcharge           |
|   |             |                 |               |                                     |               |                  |      | for                 |
|   |             |                 |               |                                     |               |                  |      | Partially           |
|   |             |                 |               |                                     |               |                  |      | Distant<br>Stations |
|   |             |                 |               |                                     |               |                  |      | Stations            |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             | H               |               |                                     |               | +                |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
| otal DSEs   | _           |                 | 0.00          | Total DSEs                          |               |                  | 0.00 |                     |
| Fross Receipts First  | Group       | \$              | 0.00          | Gross Receipts Second Group \$ 0.00 |               |                  |      |                     |
| ·   | •           |                 |               |                                     | ·             |                  |      |                     |
| ase Rate Fee First  | Group       | \$              | 0.00          | Base Rate Fee Sec                   | ond Group     | \$               | 0.00 |                     |
| ONE HUNDRED I   | FIFTY-NINTH | SUBSCRIBER GROU | JP            | ONE HUNDS                           | RED SIXTIETH  | SUBSCRIBER GROUP | P    |                     |
| COMMUNITY/ AREA   |             |                 | 0             | COMMUNITY/ ARE                      | Α             |                  | 0    |                     |
| CALL SIGN   | DSE         | CALL SIGN       | DSE           | CALL SIGN                           | DSE           | CALL SIGN        | DSE  |                     |
|   |             | _               |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               | -                |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             | -               |               |                                     |               |                  |      |                     |
|   |             | -               |               |                                     |               | -                |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  |      |                     |
| otal DSEs   |             | II              | 0.00          | Total DSEs                          |               | П                | 0.00 |                     |
|   | Crover      | •               |               |                                     | wth Committee | •                |      |                     |
| Gross Receipts Third  | Group       | \$              | 0.00          | Gross Receipts Fou                  | rui Group     | \$               | 0.00 |                     |
| Base Rate Fee Third   | Group       | \$              | 0.00          | Base Rate Fee Fou                   | rth Group     | \$               | 0.00 |                     |
|   |             |                 |               | Ш                                   |               |                  |      |                     |
|   |             |                 |               |                                     |               |                  | I    |                     |
| ase Rate Fee: Add   |             |                 | scriber group | as shown in the boxe                | s above.      |                  |      |                     |

| LEGAL NAME OF OWNE  CABLE ONE, INC. | K OF CABI  | LE SYSTEM:        |             |   |            | •              | 007412 | Name             |
|-------------------------------------|------------|-------------------|-------------|---|------------|----------------|--------|------------------|
| Bl                                  |            |                   |             | TE FEES FOR EAC                         |            |                |        |                  |
| 2014                                |            | SUBSCRIBER GROU   |             | 001111111111111111111111111111111111111 |            | SUBSCRIBER GRO | DUP    | 9                |
| COMMUNITY/ AREA                     | Ardmo      | re, Carter,Long G | irove,Di    | COMMUNITY/ AREA                         | A Marietta | <b>a</b>       |        | Computati        |
| CALL SIGN                           | DSE        | CALL SIGN         | DSE         | CALL SIGN                               | DSE        | CALL SIGN      | DSE    | of               |
|                                     |            |                   |             |   |            |                |        | Base Rate F      |
|                                     |            |                   |             |   |            |                |        | and              |
|                                     |            |                   |             |   |            | <br>           |        | Syndicate        |
|                                     |            |                   |             |   |            |                |        | Exclusivit       |
|                                     |            |                   |             |   |            |                |        | Surcharge        |
|                                     |            |                   |             |   |            |                |        | for<br>Partially |
|                                     |            |                   |             |   |            |                |        | Distant          |
|                                     |            |                   |             |   |            | · <del> </del> |        | Stations         |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
| otal DSEs 0.00                      |            |                   |             | Total DSEs                              |            |                | 0.00   |                  |
| Gross Receipts First G              | roup       | \$ 550,           | 735.68      | Gross Receipts Seco                     |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
| Base Rate Fee First G               | roup       | \$                | 0.00        | Base Rate Fee Seco                      | ond Group  | \$             | 0.00   |                  |
|                                     | THIRD      | SUBSCRIBER GROU   | JP          |   | FOURTH     | SUBSCRIBER GRO | DUP    |                  |
| COMMUNITY/ AREA                     | Madill,    | Marshall County,  | Oakland     | COMMUNITY/ AREA                         |            |                |        |                  |
| CALL SIGN                           | DSE        | CALL SIGN         | DSE         | CALL SIGN                               | DSE        | CALL SIGN      | DSE    |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            | ,                 |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            | · <del> </del> |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   | ļ           |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            |                |        |                  |
|                                     |            |                   |             |   |            | •              |        |                  |
| Γotal DSEs                          |            |                   | 0.00        | Total DSEs                              |            |                | 0.00   |                  |
| Gross Receipts Third G              | Group      | \$ 36,            | ,005.48     | Gross Receipts Four                     | th Group   | \$             | 0.00   |                  |
|                                     |            |                   |             |   |            |                |        |                  |
| Base Rate Fee Third G               | Group      | \$                | 0.00        | Base Rate Fee Four                      | th Group   | \$             | 0.00   |                  |
|                                     |            |                   |             | <u>  </u>                               |            |                |        |                  |
|                                     |            |                   | riber group | as shown in the boxes                   | s above.   |                | 0.00   |                  |
| Enter here and in block             | 3, line 1, | space L (page 7)  |             |   |            | \$             | 0.00   |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007412 |         |                |               |                                |           |                               |             |                   |
|---|---------|----------------|---------------|--------------------------------|-----------|-------------------------------|-------------|-------------------|
|   |         | COMPUTATION O  |               | TE FEES FOR EAC                |           | RIBER GROUP<br>SUBSCRIBER GRO | UP          |                   |
| COMMUNITY/ ARE  | A       |                | 0             | COMMUNITY/ ARE                 | Α         |                               | 0           | 9<br>Computation  |
| CALL SIGN   | DSE     | CALL SIGN      | DSE           | CALL SIGN                      | DSE       | CALL SIGN                     | DSE         | Computation of    |
|   |         |                |               |                                |           |                               |             | Base Rate Fe      |
|   |         |                |               |                                |           |                               |             | and<br>Syndicated |
|   |         | -              |               |                                |           |                               |             | Exclusivity       |
|   |         |                |               |                                |           |                               |             | Surcharge<br>for  |
|   |         | -              |               |                                |           |                               |             | Partially         |
|   |         |                |               |                                |           |                               |             | Distant           |
|   |         |                |               |                                |           |                               |             | Stations          |
|   |         | -              |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
| Total DSEs  |         |                | 0.00          | Total DSEs                     |           |                               | 0.00        |                   |
| Gross Receipts Firs   | t Group | \$             | 0.00          | Gross Receipts Sec             | ond Group | \$                            | 0.00        |                   |
| Base Rate Fee First   | : Group | \$             | 0.00          | Base Rate Fee Sec              | ond Group | \$                            | 0.00        |                   |
|   |         | SUBSCRIBER GRO |               |                                |           | SUBSCRIBER GRO                | UP <b>0</b> |                   |
| COMMUNITY/ ARE.   | Α       |                | 0             | COMMUNITY/ ARE                 |           |                               |             |                   |
| CALL SIGN   | DSE     | CALL SIGN      | DSE           | CALL SIGN                      | DSE       | CALL SIGN                     | DSE         |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           | .                             |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
|   |         |                |               |                                |           |                               |             |                   |
| Total DSEs  |         |                | 0.00          | Total DSEs                     |           |                               | 0.00        |                   |
| Total DSEs<br>Gross Receipts Thir   | d Group | \$             | 0.00          | Total DSEs  Gross Receipts Fou | rth Group | \$                            | 0.00        |                   |
| 2.000 Neverbra IIIII  | a Group | <u>*</u>       | 0.50          | S1000 Receipts 1 0u            | .a. Gloup | <u>*</u>                      |             |                   |
| Base Rate Fee Thir  | d Group | \$             | 0.00          | Base Rate Fee Fou              | rth Group | \$                            | 0.00        |                   |
|   |         |                | scriber group | as shown in the boxe           | es above. |                               |             |                   |
| nter here and in blo  |         |                |               |                                |           | \$                            |             |                   |

| FIGURE DATE DATE SEES FOR FACUL SUPPOSITION OF THE |                          |                 |             |      | E SYSTEM:      | R OF CABL                | LEGAL NAME OF OWNER CABLE ONE, INC. |
|--|--------------------------|-----------------|-------------|------|----------------|--------------------------|-------------------------------------|
| TION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP   |                          |                 | ATE FEES FO |      |                |                          | BL                                  |
|  | ENTH SUBSCR              |                 |             |      | SUBSCRIBER GRO | NINTH                    |                                     |
| 0 COMMUNITY/ AREA 0 Computation                    |                          | Y/ AREA         | COMMUNIT    | 0    |                |                          | COMMUNITY/ AREA                     |
|  | SE CALL                  | N D             | CALL SIG    | DSE  | CALL SIGN      | DSE                      | CALL SIGN                           |
| Base Rate F  |                          |                 |             |      |                |                          |                                     |
| and  |                          |                 |             |      | -              |                          |                                     |
| Syndicated Syndicated                              |                          |                 |             |      |                |                          |                                     |
| Exclusivity  |                          |                 |             |      |                |                          |                                     |
| Surcharge for                                      |                          |                 |             |      |                |                          |                                     |
| Partially  | ·····                    |                 |             |      | -              |                          |                                     |
| Distant  | -                        |                 |             |      | -              | -                        |                                     |
| Stations Stations                                  |                          |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      |                |                          |                                     |
|  | ····                     |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      |                |                          |                                     |
| 0.00 Total DSEs 0.00                               |                          | ·               | Total DSEs  | 0.00 | -              |                          | Total DSEs                          |
| 0.00 Gross Receipts Second Group \$ 0.00           | oup <u>\$</u>            | ipts Second G   | Gross Rece  | 0.00 | \$             | oup                      | Gross Receipts First Gro            |
| 0.00 Base Rate Fee Second Group \$ 0.00            | oup \$                   | Fee Second G    | Base Rate   | 0.00 | \$             | oup                      | Base Rate Fee First Gro             |
| ER GROUP TWELVTH SUBSCRIBER GROUP                  | TWELVTH SUBSCRIBER GROUP |                 |             |      |                | EVENTH.                  | EL                                  |
| O COMMUNITY/ AREA O                                |                          |                 |             |      |                | ELEVENTH COMMUNITY/ AREA |                                     |
| GN DSE CALL SIGN DSE CALL SIGN DSE                 | SE CALL                  | N D             | CALL SIG    | DSE  | CALL SIGN      | DSE                      | CALL SIGN                           |
|  |                          |                 |             |      | -              |                          |                                     |
|  |                          |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      | -              | -                        |                                     |
|  |                          |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      | -              |                          |                                     |
|  |                          |                 |             |      | -              |                          |                                     |
|  | ····                     |                 |             |      |                |                          |                                     |
|  |                          |                 |             |      | -              |                          |                                     |
|  |                          |                 |             |      |                | -                        |                                     |
|  |                          |                 |             |      |                |                          |                                     |
| 0.00 Total DSEs                                    |                          |                 | Total DSEs  | 0.00 |                | 1                        | Fotal DSEs                          |
| O OO Corres Brancista Frankli Corres               | up <b>\$</b>             | ipts Fourth Gro | Gross Rece  | 0.00 | \$             | roup                     | Gross Receipts Third G              |
| 0.00 Gross Receipts Fourth Group \$ 0.00           |                          |                 |             | 0.00 |                |                          |                                     |

| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  | of<br>Base Rate<br>and<br>Syndicate<br>Exclusivi<br>Surcharg<br>for<br>Partially<br>Distant    |
|--|--|
| COMMUNITY/ AREA  O COMMUNITY/ AREA  | Computati of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant               |
| CALL SIGN DSE CA | Computati of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant               |
| CALL SIGN DSE CA | of<br>Base Rate I<br>and<br>Syndicate<br>Exclusivit<br>Surcharg<br>for<br>Partially<br>Distant |
| Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | Base Rate For and Syndicated Exclusivity Surcharge for Partially                               |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | Syndicate<br>Exclusivit<br>Surcharge<br>for<br>Partially<br>Distant                            |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | Exclusivit Surcharge for Partially Distant   |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | Surchargo<br>for<br>Partially<br>Distant   |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | for<br>Partially<br>Distant  |
| Gross Receipts First Group \$ 0.00  Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O   | Partially<br>Distant   |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | Distant  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   | Stations   |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee First Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0   |  |
| Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  |  |
| FIFTEENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  |  |
| COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  |  |
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| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  |  |
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|  |  |
| Total DSEs         0.00         Total DSEs         0.00  |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |  |
|  |  |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   |  |
|  |  |
| tase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Inter here and in block 3, line 1, space L (page 7)  |  |

|                         | O07412                     | 5                             |         |                                  |          | E SYSTEM:                     | (OI CABL | CABLE ONE, INC.                   |
|-------------------------|----------------------------|-------------------------------|---------|----------------------------------|----------|-------------------------------|----------|-----------------------------------|
|                         | ID.                        | IBER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH                 |          | COMPUTATION OF SUBSCRIBER GRO |          |                                   |
| 9                       | 0                          | SOBSCRIBER GROC               |         | COMMUNITY/ AREA                  | 0        | 30B3CNBER GRO                 |          | COMMUNITY/ AREA                   |
| Computation of          | DSE                        | CALL SIGN                     | DSE     | CALL SIGN                        | DSE      | CALL SIGN                     | DSE      | CALL SIGN                         |
| Base Rate I             |                            | -                             |         |                                  |          |                               |          |                                   |
| and                     |                            |                               |         |                                  |          | -                             |          |                                   |
| Syndicate<br>Exclusivit |                            |                               |         |                                  |          |                               |          |                                   |
| Surcharg                |                            |                               |         |                                  |          |                               |          |                                   |
| for                     |                            | -                             |         |                                  |          | -                             |          |                                   |
| Partially               |                            |                               |         |                                  |          | -                             |          |                                   |
| Distant<br>Stations     |                            |                               |         |                                  | <u> </u> |                               |          |                                   |
|                         | Sı                         |                               |         |                                  | -        |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         | 0.00                       |                               |         | Total DSEs                       | 0.00     |                               |          | Total DSEs                        |
|                         | 0.00                       | \$                            | d Group | Gross Receipts Second            | 0.00     | \$                            | oup      | Gross Receipts First Gr           |
|                         | 0.00                       | \$                            | d Group | Base Rate Fee Second             | 0.00     | \$                            | oup      | <b>Base Rate Fee</b> First Gr     |
|                         | TWENTIETH SUBSCRIBER GROUP |                               |         |                                  |          | SUBSCRIBER GRO                | ITEENTH  | NIN                               |
|                         | COMMUNITY/ AREA 0          |                               |         |                                  | 0        |                               |          | COMMUNITY/ AREA                   |
|                         | DSE                        | CALL SIGN                     | DSE     | CALL SIGN                        | DSE      | CALL SIGN                     | DSE      | CALL SIGN                         |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         |                            |                               |         |                                  |          |                               |          |                                   |
|                         | 0.00                       |                               |         | Total DSEs                       | 0.00     |                               |          | Total DSEs                        |
|                         | 0.00                       | \$                            | Group   | Total DSEs Gross Receipts Fourth | 0.00     | \$                            | roup     | Total DSEs Gross Receipts Third G |

|                      | 007412            |                 |         |                       |      |                | R OF CABL                     | CABLE ONE, INC.         |
|----------------------|-------------------|-----------------|---------|-----------------------|------|----------------|-------------------------------|-------------------------|
|                      |                   |                 |         | TE FEES FOR EACH      |      |                |                               |                         |
| 9                    | _                 | SUBSCRIBER GROU | -SECOND | TI .                  |      | SUBSCRIBER GRO | Y-FIRST                       |                         |
| Computati            | 0                 |                 |         | COMMUNITY/ AREA       | 0    |                |                               | COMMUNITY/ AREA         |
| of                   | DSE               | CALL SIGN       | DSE     | CALL SIGN             | DSE  | CALL SIGN      | DSE                           | CALL SIGN               |
| Base Rate            |                   |                 |         |                       |      |                |                               | 3.22.333                |
| and                  |                   |                 |         |                       |      |                |                               |                         |
| Syndicate            |                   | <b>-</b>        |         |                       |      |                |                               |                         |
| Exclusivi            |                   | +               |         |                       |      |                |                               |                         |
| Surcharg             |                   |                 |         |                       |      |                |                               |                         |
| for                  |                   |                 |         |                       |      |                |                               |                         |
| Partially<br>Distant |                   |                 |         |                       |      |                |                               |                         |
| Stations             |                   |                 |         |                       |      |                |                               |                         |
| •                    |                   | -               |         |                       |      |                |                               |                         |
|                      |                   |                 |         |                       |      |                |                               |                         |
|                      |                   |                 |         |                       |      |                |                               |                         |
|                      |                   |                 |         |                       |      |                |                               |                         |
|                      |                   |                 |         |                       |      |                |                               |                         |
|                      |                   |                 |         |                       |      |                |                               |                         |
|                      | 0.00              | _               |         | Total DSEs            | 0.00 |                |                               | otal DSEs               |
| _                    | 0.00              | \$              | d Group | Gross Receipts Second | 0.00 | \$             | oup                           | Gross Receipts First Gr |
|                      | 0.00              | \$              | d Group | Base Rate Fee Second  | 0.00 | \$             | oup                           | Base Rate Fee First Gro |
|                      | IP                | SUBSCRIBER GROU | -FOURTH | TWENTY                | JP   | SUBSCRIBER GRO | Y-THIRD                       | TWENT                   |
|                      | COMMUNITY/ AREA 0 |                 |         |                       |      |                | TWENTY-THIRD  COMMUNITY/ AREA |                         |
|                      | 0                 |                 |         | COMMUNITY/ AREA       | 0    |                |                               | COMMUNITY/ AREA         |
|                      | DSE               | CALL SIGN       | DSE     | COMMUNITY/ AREA       | DSE  | CALL SIGN      | DSE                           | CALL SIGN               |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           |                         |
|                      |                   | CALL SIGN       | DSE     |                       |      | CALL SIGN      | DSE                           | CALL SIGN               |
|                      | DSE               | CALL SIGN       |         | CALL SIGN             | DSE  | CALL SIGN      |                               |                         |

| LEGAL NAME OF OWNE     |                             | E SYSTEM:                               |             |                     |           | S              | 007412  | Name  |
|------------------------|-----------------------------|---|-------------|---------------------|-----------|----------------|---|---|
|                        |                             |   |             | TE FEES FOR EAC     |           |                |   |   |
| TWEN COMMUNITY/ AREA   | TY-FIFTH                    | SUBSCRIBER GRO                          | UP <b>0</b> | COMMUNITY/ AREA     |           | SUBSCRIBER GRO | UP <b>0</b>   | 0 Computatio DSE of Base Rate Form and Syndicated Exclusivity Surcharge for |
|                        |                             |   |             |                     |           |                |   | Computation   |
| CALL SIGN              | DSE                         | CALL SIGN                               | DSE         | CALL SIGN           | DSE       | CALL SIGN      | DSE of Base Rate F and Syndicate Exclusivit Surcharge for |   |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             | -                                       |             |                     |           |                |   | Syndicated  |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             | - 1111111111111111111111111111111111111 |             |                     |           | ·              |   |   |
|                        |                             | -                                       |             |                     |           |                |   | Partially   |
|                        |                             | - 1111111111111111111111111111111111111 |             |                     |           |                |   | and Syndicated Exclusivity Surcharge for Partially Distant                  |
|                        |                             |   |             |                     |           |                |   | and Syndicated Exclusivity Surcharge for Partially Distant                  |
|                        |                             |   |             |                     |           |                |   | Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant     |
|                        |                             | -                                       |             |                     |           |                |   | and Syndicated Exclusivity Surcharge for Partially Distant                  |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             |   | 0.00        |                     |           |                | 0.00  |   |
| Total DSEs             |                             |   | 0.00        | Total DSEs          |           |                | 0.00  |   |
| Gross Receipts First G | roup                        | \$                                      | 0.00        | Gross Receipts Seco | ond Group | \$             | 0.00  |   |
| Base Rate Fee First G  | roup                        | \$                                      | 0.00        | Base Rate Fee Seco  | ond Group | \$             | 0.00  |   |
|                        | SEVENTH                     | SUBSCRIBER GRO                          |             |                     |           | SUBSCRIBER GRO | _   |   |
| COMMUNITY/ AREA        |                             |   | 0           | COMMUNITY/ AREA     |           |                | 0   |   |
| CALL SIGN              | DSE                         | CALL SIGN                               | DSE         | CALL SIGN           | DSE       | CALL SIGN      | DSE   |   |
|                        |                             | - 1111111111111111111111111111111111111 |             |                     |           |                |   |   |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             | -                                       |             |                     |           |                |   |   |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             | -                                       |             |                     |           |                |   |   |
|                        |                             | -                                       |             |                     |           |                |   |   |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             |   |             |                     |           |                |   |   |
|                        |                             |   |             |                     |           |                |   |   |
| Total DSEs             |                             |   | 0.00        | Total DSEs          |           |                | 0.00  |   |
| Gross Receipts Third ( | Group                       | \$                                      | 0.00        | Gross Receipts Four | th Group  | \$             | 0.00  |   |
| Base Rate Fee Third 0  | Group                       | \$                                      | 0.00        | Base Rate Fee Four  | th Group  | \$             | 0.00  |   |
| Third (                | Group<br>ne <b>base rat</b> | \$                                      | 0.00        |                     | th Group  | \$             |   |   |

| Name  | YSTEM ID#<br>007412            |                               |         |                       |          | E SYSTEM:                        | (O) O/IDE                               | CABLE ONE, INC.                   |  |
|---|--------------------------------|-------------------------------|---------|-----------------------|----------|----------------------------------|---|-----------------------------------|--|
| 9   | _                              | IBER GROUP<br>SUBSCRIBER GROU |         | ll .                  | JP       | COMPUTATION OF<br>SUBSCRIBER GRO |   | TWENT                             |  |
| Computati   | 0                              |                               |         | COMMUNITY/ AREA       | 0        |                                  |   | COMMUNITY/ AREA                   |  |
| of  | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
| Base Rate For and Syndicated Exclusivity Surcharge for Partially Distant Stations |                                | H                             |         |                       |          |                                  |   |                                   |  |
|   |                                |                               |         |                       |          | -                                |   |                                   |  |
|   |                                |                               |         |                       | <u> </u> |                                  |   |                                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
| for   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
| Otations  |                                |                               |         |                       |          |                                  |   |                                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   | 0.00                           | <u> </u>                      |         | Total DSEs            | 0.00     |                                  |   | Total DSEs                        |  |
|   | 0.00                           | \$                            | d Group | Gross Receipts Second | 0.00     | \$                               | oup                                     | Gross Receipts First Gr           |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   | 0.00                           | \$                            | d Group | Base Rate Fee Second  | 0.00     | \$                               | oup                                     | Base Rate Fee First Gr            |  |
|   | THIRTY-SECOND SUBSCRIBER GROUP |                               |         |                       |          | SUBSCRIBER GRO                   | Y-FIRST                                 |                                   |  |
|   | COMMUNITY/ AREA0               |                               |         |                       | 0        |                                  | *************************************** | COMMUNITY/ AREA                   |  |
|   |                                |                               |         |                       |          |                                  |   |                                   |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE                            | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     | CALL SIGN                         |  |
|   | DSE O.000                      | CALL SIGN                     | DSE     | CALL SIGN             | DSE      | CALL SIGN                        | DSE                                     |                                   |  |
|   |                                | CALL SIGN                     |         |                       |          | CALL SIGN                        |   | Total DSEs Gross Receipts Third G |  |

|   | YSTEM ID#<br>007412 | 3                             |           |                       |             | E SYSTEM:                         | R OF CABL      | LEGAL NAME OF OWNER CABLE ONE, INC. |  |  |
|---|---------------------|-------------------------------|-----------|-----------------------|-------------|-----------------------------------|----------------|-------------------------------------|--|--|
|   | IP                  | IBER GROUP<br>SUBSCRIBER GROU |           | TE FEES FOR EACH      |             | COMPUTATION OF<br>SUBSCRIBER GROU |                |                                     |  |  |
| 9<br>Computati  | 0                   | - CODOCKIDEN ONCO             | -1 OOK111 | COMMUNITY/ AREA       | 0           |                                   | 1-111110       | COMMUNITY/ AREA                     |  |  |
| Computation  DSE of  Base Rate Ference and  Syndicated Exclusivity Surcharge for Partially Distant Stations | DSE                 | CALL SIGN                     | DSE       | CALL SIGN             | DSE         | CALL SIGN                         | DSE            | CALL SIGN                           |  |  |
|   |                     |                               |           |                       |             |                                   |                |                                     |  |  |
|   |                     |                               |           |                       | •           |                                   |                |                                     |  |  |
|   |                     | -                             |           |                       |             |                                   |                |                                     |  |  |
|   |                     | <b>-</b>                      |           |                       |             |                                   |                |                                     |  |  |
|   |                     |                               |           |                       |             |                                   |                |                                     |  |  |
|   |                     | <del> </del>                  |           |                       |             |                                   |                |                                     |  |  |
| Stations  |                     |                               |           |                       |             |                                   |                |                                     |  |  |
|   |                     |                               |           |                       |             |                                   |                |                                     |  |  |
|   |                     |                               |           |                       | -           |                                   |                |                                     |  |  |
|   |                     |                               |           |                       |             |                                   |                |                                     |  |  |
|   |                     |                               |           |                       |             |                                   |                |                                     |  |  |
|   | 0.00                |                               |           | Total DSEs            | 0.00        |                                   |                | Total DSEs                          |  |  |
|   | 0.00                | \$                            | d Group   | Gross Receipts Second | 0.00        | \$                                | auc            | Gross Receipts First Gr             |  |  |
|   |                     | <u>*</u>                      | а Огоар   | Cross reserve essent  |             | <u>*</u>                          | Sup            | orese resolpto r list Gr            |  |  |
|   | 0.00                | \$                            | d Group   | Base Rate Fee Second  | 0.00        | \$                                | oup            | Base Rate Fee First Gro             |  |  |
|   |                     | THIRTY-SIXTH SUBSCRIBER GROUP |           |                       |             |                                   |                |                                     |  |  |
|   | _                   | SUBSCRIBER GROU               | TY-SIXTH  |                       |             | SUBSCRIBER GROL                   | Y-FIFTH        |                                     |  |  |
|   | JP <b>0</b>         | SUBSCRIBER GROL               | TY-SIXTH  | THIR COMMUNITY/ AREA  | JP <b>0</b> | SUBSCRIBER GROU                   | Y-FIFTH        |                                     |  |  |
|   | _                   | SUBSCRIBER GROU               | TY-SIXTH  |                       |             | SUBSCRIBER GROU                   | Y-FIFTH<br>DSE |                                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | 0                   |                               |           | COMMUNITY/ AREA       | 0           |                                   |                | COMMUNITY/ AREA                     |  |  |
|   | DSE                 |                               | DSE       | CALL SIGN             | DSE         |                                   | DSE            | CALL SIGN                           |  |  |

| Name   | O07412                    | 3                             |         |                                  |      | E SYSTEM:                        | COP CABL | CABLE ONE, INC.                   |
|--|---------------------------|-------------------------------|---------|----------------------------------|------|----------------------------------|----------|-----------------------------------|
|  | IP.                       | IBER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH                 |      | COMPUTATION OF<br>SUBSCRIBER GRO |          |                                   |
| 9<br>Computati   | 0                         |                               |         | COMMUNITY/ AREA                  | 0    |                                  |          | COMMUNITY/ AREA                   |
| DSE of Base Rate Formand Syndicated Exclusivity Surcharge for Partially Distant Stations | DSE                       | CALL SIGN                     | DSE     | CALL SIGN                        | DSE  | CALL SIGN                        | DSE      | CALL SIGN                         |
|  |                           |                               |         |                                  |      | -                                |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
| Surcharg   |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      | -                                |          |                                   |
|  |                           |                               |         |                                  |      | -                                |          |                                   |
|  |                           |                               |         |                                  |      | -                                |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  | -    |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  | 0.00                      |                               |         | Total DSEs                       | 0.00 |                                  |          | Total DSEs                        |
|  | 0.00                      | \$                            | d Group | Gross Receipts Second            | 0.00 | \$                               | oup      | Gross Receipts First Gr           |
|  | 0.00                      | \$                            | d Group | Base Rate Fee Second             | 0.00 | \$                               | oup      | Base Rate Fee First Gr            |
|  | FORTIETH SUBSCRIBER GROUP |                               |         |                                  |      | SUBSCRIBER GRO                   | Y-NINTH  | THIRT                             |
|  | 0                         |                               |         | COMMUNITY/ AREA                  | 0    |                                  |          | COMMUNITY/ AREA                   |
|  | DSE                       | CALL SIGN                     | DSE     | CALL SIGN                        | DSE  | CALL SIGN                        | DSE      | CALL SIGN                         |
|  |                           |                               |         |                                  |      | =                                |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  |                           |                               |         |                                  |      |                                  |          |                                   |
|  | 0.00                      |                               |         | Total DSEs                       | 0.00 |                                  |          | Fotal DSEs                        |
|  | 0.00                      |                               | Group   | Total DSEs Gross Receipts Fourth | 0.00 | \$                               | roup     | Fotal DSEs Gross Receipts Third G |

| Name   | O07412           | 31              |         |                                  |                | E STSTEIVI.    | R OF CABL | CABLE ONE, INC.                   |
|--|------------------|-----------------|---------|----------------------------------|----------------|----------------|-----------|-----------------------------------|
|  |                  |                 |         | TE FEES FOR EACH                 |                |                |           |                                   |
| 9  | P 0              | SUBSCRIBER GROU | -SECOND | FORTY:<br>COMMUNITY/ AREA        | JP<br><b>0</b> | SUBSCRIBER GRO | Y-FIRST   | FORT<br>COMMUNITY/ AREA           |
| Computati  |                  |                 |         | COMMONITY AREA                   |                |                |           | COMMONITY AREA                    |
| of   | DSE              | CALL SIGN       | DSE     | CALL SIGN                        | DSE            | CALL SIGN      | DSE       | CALL SIGN                         |
| Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations |                  |                 |         |                                  |                | -              |           |                                   |
|  |                  |                 |         |                                  |                | -              |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
| Partially  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                | -              |           |                                   |
| Stations   |                  |                 |         |                                  |                | -              |           |                                   |
|  | Exc<br>Sur<br>Pa |                 |         |                                  | -              |                |           |                                   |
|  |                  |                 |         |                                  |                | -              |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  | 0.00             |                 |         | Total DSEs                       | 0.00           |                |           | Total DSEs                        |
| _  | 0.00             | \$              | d Group | Gross Receipts Second            | 0.00           | \$             | oup       | Gross Receipts First Gr           |
|  | 0.00             | \$              | d Group | Base Rate Fee Second             | 0.00           | \$             | oup       | Base Rate Fee First Gr            |
|  | Р                | SUBSCRIBER GROU | FORTY   | JP                               | SUBSCRIBER GRO | Y-THIRD        | FORT      |                                   |
|  | COMMUNITY/ AREA  |                 |         |                                  | 0              |                |           | COMMUNITY/ AREA                   |
|  | DSE              | CALL SIGN       | DSE     | CALL SIGN                        | DSE            | CALL SIGN      | DSE       | CALL SIGN                         |
|  |                  |                 |         |                                  |                | -              |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  | Ц               |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                | -              |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  |                  |                 |         |                                  |                |                |           |                                   |
|  | 0.00             |                 |         | Total DSEs                       | 0.00           |                |           | Total DSEs                        |
|  | 0.00             | \$              | Group   | Total DSEs Gross Receipts Fourth | 0.00           | \$             | roup      | Fotal DSEs Gross Receipts Third G |

| Name          | 007412                        | SY              |          |                                  |          | E SYSTEM:      | R OF CABL | LEGAL NAME OF OWNER CABLE ONE, INC.   |
|---------------|-------------------------------|-----------------|----------|----------------------------------|----------|----------------|-----------|---------------------------------------|
|               |                               |                 |          | TE FEES FOR EACH                 |          |                |           |                                       |
| 9             | P 0                           | SUBSCRIBER GROU | TY-SIXTH | COMMUNITY/ AREA                  | 0        | SUBSCRIBER GRO | TY-FIFTH  | FORT<br>COMMUNITY/ AREA               |
| Computati     |                               |                 |          |                                  |          |                |           |                                       |
| of            | DSE                           | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE       | CALL SIGN                             |
| Base Rate and |                               |                 |          |                                  |          |                |           |                                       |
| Syndicate     |                               |                 |          |                                  |          |                |           |                                       |
| Exclusivi     |                               | -               |          |                                  | •        | -              |           |                                       |
| Surcharg      |                               |                 |          |                                  | •        |                |           |                                       |
| for           |                               |                 |          |                                  |          |                |           |                                       |
| Partially     |                               |                 |          |                                  |          |                |           |                                       |
| Distant       |                               |                 |          |                                  |          |                |           |                                       |
| Stations      |                               |                 |          |                                  |          | -              |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  | •        |                | ļ         |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               | 0.00                          |                 |          | Total DSEs                       | 0.00     |                |           | Total DSEs                            |
|               | 0.00                          | \$              | d Group  | Gross Receipts Second            | 0.00     | \$             | oup       | Gross Receipts First Gro              |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               | 0.00                          | \$              |          | Base Rate Fee Second             | 0.00     | \$             |           | Base Rate Fee First Gro               |
|               | FORTY-EIGHTH SUBSCRIBER GROUP |                 |          |                                  |          | SUBSCRIBER GRO | EVENTH    |                                       |
|               | COMMUNITY/ AREA0              |                 |          |                                  | 0        |                |           | COMMUNITY/ AREA                       |
|               | DSE                           | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE       | CALL SIGN                             |
|               |                               | -               |          |                                  |          | -              |           |                                       |
|               |                               |                 |          |                                  | •        |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               | -               |          |                                  |          | -              |           |                                       |
|               |                               | -               |          |                                  | •        |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               | -               |          |                                  |          | -              |           |                                       |
|               |                               | -               |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  | <b>.</b> |                | I         |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               |                               |                 |          |                                  |          |                |           |                                       |
|               | 0.00                          |                 |          | Total DSEs                       | 0.00     |                |           | Total DSEs                            |
|               | 0.00                          | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00     | \$             | roup      | Fotal DSEs<br>Gross Receipts Third Gr |

| Name            | STEM ID#<br>007412 | 51                            |            |                                  |          | E SYSTEM:                     | Y OF CABL  | CABLE ONE, INC.                   |
|-----------------|--------------------|-------------------------------|------------|----------------------------------|----------|-------------------------------|------------|-----------------------------------|
|                 | P                  | IBER GROUP<br>SUBSCRIBER GROU |            | TE FEES FOR EACH                 |          | COMPUTATION OF SUBSCRIBER GRO |            |                                   |
| 9<br>Computati  | 0                  |                               | 111 112111 | COMMUNITY/ AREA                  | 0        |                               | 1-14114111 | COMMUNITY/ AREA                   |
| Computati<br>of | DSE                | CALL SIGN                     | DSE        | CALL SIGN                        | DSE      | CALL SIGN                     | DSE        | CALL SIGN                         |
| Base Rate       |                    |                               |            |                                  |          |                               |            |                                   |
| and             |                    |                               |            |                                  |          |                               |            |                                   |
| Syndicate       |                    | -                             |            |                                  |          |                               |            |                                   |
| Exclusivi       |                    |                               |            |                                  |          |                               |            |                                   |
| Surcharg<br>for |                    |                               |            |                                  |          |                               |            |                                   |
| Partially       |                    | -                             |            |                                  | <b>.</b> | -                             |            |                                   |
| Distant         |                    | -                             |            |                                  |          |                               |            |                                   |
| Stations        |                    |                               |            |                                  |          |                               |            |                                   |
|                 | P                  | -                             |            |                                  |          | -                             |            |                                   |
|                 |                    |                               |            |                                  |          |                               |            |                                   |
|                 |                    |                               |            |                                  |          |                               |            |                                   |
|                 |                    |                               |            |                                  |          |                               |            |                                   |
|                 |                    |                               |            |                                  |          |                               |            |                                   |
|                 | 0.00               |                               |            | Total DSEs                       | 0.00     |                               |            | Total DSEs                        |
| <u>o</u>        | 0.00               | \$                            | d Group    | Gross Receipts Second            | 0.00     | \$                            | oup        | Gross Receipts First Gr           |
|                 | 0.00               | \$                            | d Group    | Base Rate Fee Second             | 0.00     | \$                            | oup        | <b>Base Rate Fee</b> First Gr     |
|                 | P                  | SUBSCRIBER GROU               | -SECOND    | FIFTY                            | JP       | SUBSCRIBER GRO                | TY-FIRST   | FIFT                              |
|                 | COMMUNITY/ AREA 0  |                               |            |                                  | 0        |                               |            | COMMUNITY/ AREA                   |
|                 |                    | CALL SIGN                     | DSE        | CALL SIGN                        | DSE      | CALL SIGN                     | DSE        | CALL SIGN                         |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                | -                             |            |                                  | •        |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 | DSE                |                               |            |                                  |          |                               |            |                                   |
|                 |                    |                               |            | Total DSEs                       |          |                               |            | Total DSEs                        |
|                 | 0.00               |                               |            | Total DSEs                       | 0.00     |                               |            |                                   |
|                 |                    | \$                            |            | Total DSEs Gross Receipts Fourth | 0.00     | \$                            | roup       | Total DSEs Gross Receipts Third G |

| Name                 | 007412      | S               |          |                                  |             |                    |          | LEGAL NAME OF OWNER CABLE ONE, INC.            |
|----------------------|-------------|-----------------|----------|----------------------------------|-------------|--------------------|----------|--|
| 0 9                  |             | IBER GROUP      | SUBSCRI  | TE FEES FOR EACH                 | BASE RA     | COMPUTATION OF     | OCK A: C | BL   |
| ۵                    | _           | SUBSCRIBER GROU | -FOURTH  |                                  |             | SUBSCRIBER GROL    | Y-THIRD  |  |
| Computati            | 0           |                 |          | COMMUNITY/ AREA                  | 0           |                    |          | COMMUNITY/ AREA                                |
| of                   | DSE         | CALL SIGN       | DSE      | CALL SIGN                        | DSE         | CALL SIGN          | DSE      | CALL SIGN                                      |
| Base Rate            |             |                 |          |                                  |             |                    |          |  |
| and                  |             |                 |          |                                  |             |                    |          |  |
| Syndicate            |             |                 |          |                                  |             |                    |          |  |
| Exclusivi            |             |                 |          |                                  |             |                    |          |  |
| Surcharg             |             |                 |          |                                  |             |                    |          |  |
| for                  |             |                 |          |                                  |             |                    |          |  |
| Partially<br>Distant |             |                 |          |                                  |             |                    |          |  |
| Stations             |             |                 |          |                                  |             |                    |          |  |
| Otationic            |             | <b>-</b>        |          |                                  |             |                    |          |  |
|                      |             | <del>-</del>    |          |                                  |             | -                  |          |  |
|                      |             |                 |          |                                  | -           | -                  |          |  |
|                      |             |                 |          |                                  |             |                    |          |  |
|                      |             |                 |          |                                  |             |                    |          |  |
|                      |             |                 |          |                                  |             |                    |          |  |
|                      | 0.00        |                 |          | Total DSEs                       | 0.00        |                    |          | Total DSEs                                     |
|                      | 0.00        | \$              | d Group  | Gross Receipts Second            | 0.00        | \$                 | oup      | Gross Receipts First Gr                        |
|                      |             |                 | •        | •                                |             | <u> </u>           | •        |  |
| -<br>-<br>]          | 0.00        | \$              |          |                                  |             |                    |          |  |
|                      | 0.00        | <b>*</b>        | d Group  | Base Rate Fee Second             | 0.00        | \$                 | oup      | Base Rate Fee First Gro                        |
|                      | <u>'</u>    | SUBSCRIBER GROU |          |                                  |             | \$ SUBSCRIBER GROU |          |  |
|                      | <u>'</u>    | L'              |          |                                  |             | L                  |          | FIFT   |
|                      | JP          | L'              |          | FIF                              | JP          | L                  |          | Base Rate Fee First Green FIFT COMMUNITY/ AREA |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT   |
|                      | JP <b>0</b> | SUBSCRIBER GROU | TY-SIXTH | FIF<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU    | ΓY-FIFTH | FIFT COMMUNITY/ AREA  CALL SIGN                |
|                      | DSE O.000   | SUBSCRIBER GROU | DSE      | CALL SIGN  CALL SIGN  Total DSEs | DSE DSE     | CALL SIGN          | DSE      | FIFT COMMUNITY/ AREA  CALL SIGN  Fotal DSEs    |
|                      | DSE         | SUBSCRIBER GROU | DSE      | CALL SIGN                        | DSE         | SUBSCRIBER GROU    | DSE      | FIFT   |

| LEGAL NAME OF OWN     |       | E SYSTEM:      |               |                      | Name      |                  |              |                          |
|-----------------------|-------|----------------|---------------|----------------------|-----------|------------------|--------------|--------------------------|
|                       |       |                |               | TE FEES FOR EAC      | CH SUBSCF | RIBER GROUP      |              |                          |
|                       |       | SUBSCRIBER GRO |               | i i                  |           | SUBSCRIBER GRO   |              | 9                        |
| COMMUNITY/ AREA       |       |                | 0             | COMMUNITY/ ARE       | Α         |                  | 0            | Computation              |
| CALL SIGN             | DSE   | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN        | DSE          | of                       |
|                       |       |                |               |                      |           |                  |              | Base Rate F              |
|                       |       |                |               |                      |           |                  |              | and                      |
|                       |       | -              |               |                      |           |                  |              | Syndicated               |
|                       |       |                |               |                      |           |                  |              | Exclusivity<br>Surcharge |
|                       |       |                |               |                      |           |                  |              | for                      |
|                       |       | -              |               |                      |           | -                |              | Partially                |
|                       |       |                |               |                      |           |                  |              | Distant                  |
|                       |       | <br>           |               |                      |           |                  |              | Stations                 |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
| Total DSEs            |       |                | 0.00          | Total DSEs           |           |                  | 0.00         |                          |
| Gross Receipts First  | Group | \$             | 0.00          | Gross Receipts Sec   | ond Group | \$               | 0.00         |                          |
|                       |       |                |               |                      |           |                  |              |                          |
| Base Rate Fee First   |       | \$             | 0.00          | Base Rate Fee Sec    |           | \$               | 0.00         |                          |
|                       |       | SUBSCRIBER GRO |               |                      |           | I SUBSCRIBER GRO | _            |                          |
| COMMUNITY/ AREA       |       |                | 0             | COMMUNITY/ ARE       | Α         |                  | 0            |                          |
| CALL SIGN             | DSE   | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN        | DSE          |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       | -              |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       | <b> </b>       |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                |               |                      |           |                  |              |                          |
| Total DSEs            |       |                | 0.00          | Total DSEs           |           |                  | 0.00         |                          |
| Gross Receipts Third  | Group | \$             | 0.00          | Gross Receipts Fou   | rth Group | \$               | 0.00         |                          |
|                       |       |                |               |                      |           |                  | <del>_</del> |                          |
| Base Rate Fee Third   | Group | \$             | 0.00          | Base Rate Fee Fou    | rth Group | \$               | 0.00         |                          |
|                       |       |                |               |                      |           |                  |              |                          |
|                       |       |                | scriber group | as shown in the boxe | es above. |                  |              |                          |
| Inter here and in blo |       |                | J I           |                      |           | \$               |              |                          |

| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate For and Syndicated   |
|--|
| COMMUNITY/ AREA 0 Computation CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 Total DSEs Gross Receipts Second Group \$ 0.00  SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0  |
| CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations           0.00         Total DSEs         0.00         0.00         \$ 0.00 |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations  1 0.00 STORT Per Second Group \$ 0.00  SUBSCRIBER GROUP  1 0 0.00 SIXTY-FOURTH SUBSCRIBER GROUP  1 0 0.00 COMMUNITY/ AREA 0   |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  |
| Exclusivity   Surcharge   for   Partially   Distant   Stations   |
| for Partially Distant Stations  O.00  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O   |
| Partially Distant Stations  O.00 Total DSEs O.00  \$ 0.00 Gross Receipts Second Group \$ 0.00  \$ 0.00 Base Rate Fee Second Group \$ 0.00  \$ 0.00 COMMUNITY/ AREA 0   |
| 0.00   |
| 0.00   |
| \$ 0.00 Gross Receipts Second Group \$ 0.00  \$ 0.00 Base Rate Fee Second Group \$ 0.00  SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0   |
| \$ 0.00 Gross Receipts Second Group \$ 0.00  \$ 0.00 Base Rate Fee Second Group \$ 0.00  SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0   |
| \$ 0.00 Gross Receipts Second Group \$ 0.00  \$ 0.00 Base Rate Fee Second Group \$ 0.00  SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0   |
| \$ 0.00 Gross Receipts Second Group \$ 0.00  \$ 0.00 Base Rate Fee Second Group \$ 0.00  SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0   |
| \$ 0.00 Gross Receipts Second Group \$ 0.00  \$ 0.00 Base Rate Fee Second Group \$ 0.00  SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0   |
| \$ 0.00 Base Rate Fee Second Group \$ 0.00  SUBSCRIBER GROUP  COMMUNITY/ AREA  0   |
| SUBSCRIBER GROUP  O COMMUNITY/ AREA  O   |
| 0 COMMUNITY/ AREA 0  |
|  |
| CALL SIGN DSE CALL SIGN DSE  |
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| \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |
| \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   |

| DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Sase Rate   Sase   | В                                    |          |                |          |                     |           |  | 007412 |             |
|--|--------------------------------------|----------|----------------|----------|---------------------|-----------|--|--------|-------------|
| DSE   CALL SIGN   Sase Rate and a can be considered by surchard for partially surchard for partial partially surchard for partially surchard for partial partially surchard    |                                      |          |                |          | III                 |           |  | IP     |             |
| Computed of DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Computed of Call SIGN DSE CALL SIGN DSE DSE DATE of Call SIGN DSE DSE  | COMMUNITY/ AREA                      | 11-111   | 30B3CKBER GRO  |          | H                   |           | SOBSCRIBER GRO                                       | _      | 9           |
| Base Rate and Syndicate Exclusivity Surcharg for Partially Distant Stations  Distant |                                      |          |                |          |                     |           |  |        | Computati   |
| and Syndicate Exclusivi Surcharg for Partially Distant Stations  | CALL SIGN                            | DSE      | CALL SIGN      | DSE      | CALL SIGN           | DSE       | CALL SIGN  | DSE    | of          |
| Syndicate Exclusivity   Surcharg for   Partially   Surcharg for   Partially   Distant Stations      |                                      |          |                |          |                     |           |  |        | Base Rate F |
| Exclusivity Surcharge for partially Distant Stations   |                                      |          | <br>           |          |                     |           |  |        |             |
| Surcharg for Partially Distant Stations  |                                      |          |                |          |                     |           |  |        |             |
| for Partially Distants Stations  |                                      |          |                |          |                     |           |  |        |             |
| Partially Distant Stations    O.00   |                                      |          |                |          |                     |           | -  |        |             |
| Distant Stations    O.00   |                                      |          |                |          |                     |           |  |        |             |
| Stations    O.00   |                                      |          |                |          |                     |           | -  |        |             |
| Description of the property of |                                      |          |                | <u></u>  |                     |           |  |        |             |
| SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DESCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  D |                                      |          |                | <u> </u> |                     |           |  |        | Otations    |
| SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DESCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  D |                                      | <u>"</u> |                | <u>"</u> |                     |           | 1  |        |             |
| SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  Total DSE  O.00  Gross Receipts Second Group  \$ 0.00  SIXTY-EIGHTH SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O.00  Gross Receipts Fourth Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  O.00  SIXTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  O.00  SIXTY-EIGHTH SUBSCRIBER GROUP  CALL SIGN  DSE  O.00  Gross Receipts Fourth Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  O.00  Gross Receipts Fourth Group  |                                      |          |                |          |                     |           | · <del>-  </del> · · · · · · · · · · · · · · · · · · |        |             |
| SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  Total DSE  O.00  Gross Receipts Second Group  \$ 0.00  SIXTY-EIGHTH SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O.00  Gross Receipts Fourth Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  O.00  SIXTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  O.00  SIXTY-EIGHTH SUBSCRIBER GROUP  CALL SIGN  DSE  O.00  Gross Receipts Fourth Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  O.00  Gross Receipts Fourth Group  |                                      |          | -              |          |                     |           |  |        |             |
| SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  SIXTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  Total DSE  O.00  Gross Receipts Second Group  \$ 0.00  SIXTY-EIGHTH SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DSE  CALL SIGN  DSE  O.00  Gross Receipts Fourth Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  O.00  SIXTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  O.00  SIXTY-EIGHTH SUBSCRIBER GROUP  CALL SIGN  DSE  O.00  Gross Receipts Fourth Group  \$ 0.00  Gross Receipts Fourth Group  \$ 0.00  O.00  Gross Receipts Fourth Group  |                                      |          |                | •        |                     |           |  |        |             |
| SIXTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  DSE  CALL SIGN  DSE  CALL |                                      |          |                |          |                     |           |  |        |             |
| Base Rate Fee Second Group  SIXTY-SEVENTH SUBSCRIBER GROUP  (/ AREA  DESCRIBER GROUP  COMMUNITY/ AREA  DESCRIBER GROUP  CALL SIGN DSE  CALL S | otal DSEs                            |          |                | 0.00     | Total DSEs          |           |  | 0.00   |             |
| Base Rate Fee Second Group  SIXTY-SEVENTH SUBSCRIBER GROUP  (/ AREA  DESCRIBER GROUP  SIXTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DESCRIBER GROUP  CALL SIGN DSE  CALL  | Gross Receipts First G               | roup     | <b>s</b>       | 0.00     | Gross Receipts Seco | and Group | \$   | 0.00   |             |
| SIXTY-SEVENTH SUBSCRIBER GROUP  (/AREA   |                                      | Jup      | <u> </u>       |          |                     | а С. Сар  | <u> </u>   |        |             |
| O COMMUNITY/ AREA O COMMUNITY/ AREA O DSE CALL SIGN DSE CA | Base Rate Fee First G                | roup     | \$             | 0.00     | Base Rate Fee Seco  | nd Group  | \$   | 0.00   |             |
| O COMMUNITY/ AREA O COMMUNITY/ AREA O DSE CALL SIGN DSE CA | VTVIS                                | SEV/ENTH | SUBSCRIBER CRO | LID      | SIV                 | TV EIGHTH | SUBSCRIBER CRO                                       | ID     |             |
| DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  A DS |                                      | <u> </u> | 30B3CKBER GRO  |          | ii                  |           | SOBSCRIBER GRO                                       |        |             |
| ts Third Group    O.00  Total DSEs  O.00  Gross Receipts Fourth Group  D.000  S.000  | COMMUNITY/ AREA                      |          |                |          | COMMONT IT AREA     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | CALL SIGN                            | DSE      | CALL SIGN      | DSE      | CALL SIGN           | DSE       | CALL SIGN  | DSE    |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          |                |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          | <u> </u>       |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          | H              |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          | -              |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          | T              |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          |                |          |                     |           | <br>   |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          | -              |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          |                |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          |                |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      | <u> </u> |                |          |                     |           | H  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          |                |          |                     |           | -  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          | -              |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          |                |          |                     |           |  |        |             |
| sts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  |                                      |          |                |          |                     |           |  |        |             |
|  |                                      |          |                | 0.00     | Total DSEs          |           |  | 0.00   |             |
|  | otal DSEs                            |          |                |          | Gross Receipts Four | th Group  | \$   | 0.00   |             |
| Page Pate Foe Fourth Croup   |                                      | iroup    | \$             | 0.00     |                     |           |  |        |             |
| ee Third Group \$ 0.00   Base Rate Fee Fourth Group \$ 0.00  | Total DSEs<br>Gross Receipts Third ( | iroup    | \$             | 0.00     |                     |           |  |        |             |

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  SIXTY-MINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0  CALL SIGN  DSE  COMMUNITY/ AREA  0  COMMUN | Mana               | SYSTEM ID#<br>007412 |             |          |                         | E SYSTEM:  | R OF CABL            | LEGAL NAME OF OWNER CABLE ONE, INC. |                               |
|--|--------------------|----------------------|-------------|----------|-------------------------|------------|----------------------|-------------------------------------|-------------------------------|
| CALL SIGN DSE CA |                    |                      |             |          | TI .                    |            |                      |                                     |                               |
| Total DSEs  O.00 Gross Receipts First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O.COMMUNITY/ A | 9                  |                      | SUBSCRIBER  | /ENTIETH | ii e                    | 0          | SUBSCRIBER GRO       | Y-NINTH                             |                               |
| Total DSEs  O.00 Gross Receipts First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O.COMMUNITY/ A | Computati          | NON T DOE            | II oall olo | Loop     |                         |            | I OALL GION          | I por I                             | OALL CION                     |
| Gross Receipts First Group  Base Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | OSE of Base Rate I | SIGN DSE             | CALL SIGN   | DSE      | CALL SIGN               | DSE        | CALL SIGN            | DSE                                 | CALL SIGN                     |
| Gross Receipts First Group  Base Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | and                |                      |             |          |                         | •          | -                    |                                     |                               |
| Gross Receipts First Group  Base Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | Syndicate          |                      |             |          |                         |            |                      |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | Exclusivit         |                      |             |          |                         |            |                      |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | Surcharg           |                      |             |          |                         |            | -                    |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | for                |                      |             |          |                         |            | -                    |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | Partially Distant  |                      |             |          |                         |            | -                    |                                     |                               |
| Gross Receipts First Group  Base Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL | Stations           |                      | -           |          |                         |            |                      |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL |                    |                      | <b>H</b>    |          |                         | •          |                      |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL |                    |                      | -           |          |                         |            | -                    |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL |                    |                      |             |          |                         |            | -                    |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL |                    |                      |             |          |                         |            |                      |                                     |                               |
| Gross Receipts First Group  Base Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL |                    |                      |             |          |                         |            |                      |                                     |                               |
| Gross Receipts First Group  Sase Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CAL |                    |                      |             |          |                         |            |                      |                                     |                               |
| Base Rate Fee First Group  SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  | .00                | 0.00                 |             |          | Total DSEs              | 0.00       |                      |                                     | Total DSEs                    |
| SEVENTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  | .00                | 0.00                 | \$          | d Group  | Gross Receipts Second   | 0.00       | \$                   | oup                                 | Gross Receipts First Gr       |
| COMMUNITY/ AREA  O CALL SIGN  DSE  CALL  | .00                | 0.00                 | \$          | d Group  | Base Rate Fee Second    | 0.00       | \$                   | oup                                 | <b>3ase Rate Fee</b> First Gr |
| CALL SIGN DSE CA |                    | BER GROUP            | SUBSCRIBER  | -SECOND  | SEVENTY                 | JP         | SUBSCRIBER GRO       | TY-FIRST                            | SEVENT                        |
| rotal DSEs  D.00  Total DSEs  D.00  Total DSEs  D.000  Total DSEs  D.000   | <b>O</b>           | 0                    |             |          | COMMUNITY/ AREA         | 0          |                      |                                     | COMMUNITY/ AREA               |
|  | )SE                | SIGN DSE             | CALL SIGN   | DSE      | CALL SIGN               | DSE        | CALL SIGN            | DSE                                 | CALL SIGN                     |
|  |                    |                      |             |          |                         |            |                      |                                     |                               |
|  |                    |                      |             |          |                         |            |                      |                                     |                               |
|  |                    |                      | <br>        |          |                         | •          | -                    |                                     |                               |
|  |                    |                      |             |          |                         |            | -                    |                                     |                               |
|  |                    |                      | <b>_</b>    |          |                         |            |                      |                                     |                               |
|  |                    |                      |             |          |                         |            |                      |                                     |                               |
|  |                    |                      |             |          |                         |            | -                    |                                     |                               |
|  |                    |                      | -           |          |                         | •          | -                    |                                     |                               |
|  |                    |                      |             |          |                         |            |                      |                                     |                               |
|  |                    |                      |             |          |                         |            |                      |                                     |                               |
|  |                    |                      |             |          |                         |            | -                    |                                     |                               |
|  |                    |                      |             |          |                         |            |                      |                                     |                               |
|  |                    |                      |             |          |                         |            |                      |                                     |                               |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   | .00_               | 0.00                 |             |          | Total DSEs              | 0.00       |                      | 1                                   | Total DSEs                    |
|  | .00                | 0.00                 | \$          | Group    | Gross Receipts Fourth   | 0.00       | \$                   | roup                                | Gross Receipts Third G        |
| Date For Third Cours   |                    | 2.25                 |             | 0        | Dana Bata 5: 5 "        | 0.00       |                      |                                     | Dana Bata Fao 700 C           |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00   | .00                | 0.00                 | \$          | Group    | Base Kate Fee Fourth    | U.U0       | \$                   | roup                                | sase kate Fee Third G         |
| Page Date Feet Add the hare rate feet for each subscriber group as shown in the hours - have   |                    |                      |             | phove    | on about in the barrer  | ribor are  | o food for oosh sub- | o bees                              | Page Date For: Add 45         |
| 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)  \$  |                    |                      | \$          | ibove.   | as shown in the doxes a | nber group |                      |                                     |                               |

| LEGAL NAME OF OWI    |              | LE SYSTEM:           |           |                    | Name        |                |      |                  |
|----------------------|--------------|----------------------|-----------|--------------------|-------------|----------------|------|------------------|
|                      | BLOCK A: (   | COMPUTATION C        | F BASE RA | TE FEES FOR EAC    |             |                |      |                  |
|                      |              | SUBSCRIBER GRO       |           | Ti .               |             | SUBSCRIBER GRO |      | 9                |
| COMMUNITY/ AREA      |              |                      | 0         | COMMUNITY/ ARE     | Α           |                | 0    | Computation      |
| CALL SIGN            | DSE          | CALL SIGN            | DSE       | CALL SIGN          | DSE         | CALL SIGN      | DSE  | of               |
|                      |              |                      |           |                    |             |                |      | Base Rate F      |
|                      |              |                      |           |                    |             |                |      | and              |
|                      |              |                      |           |                    |             |                |      | Syndicated       |
|                      |              |                      |           |                    |             | H              |      | Exclusivity      |
|                      |              |                      |           |                    |             |                |      | Surcharge<br>for |
|                      |              |                      |           |                    |             |                |      | Partially        |
|                      |              |                      |           |                    |             | ·              |      | Distant          |
|                      |              | -                    |           |                    |             | ·· = ······    |      | Stations         |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      | 0.00      |                    |             |                | 2.22 |                  |
| Total DSEs           | _            |                      | 0.00      | Total DSEs         |             |                | 0.00 |                  |
| Gross Receipts First | Group        | \$                   | 0.00      | Gross Receipts Sec | ond Group   | \$             | 0.00 |                  |
| Base Rate Fee First  | Group        | \$                   | 0.00      | Base Rate Fee Sec  | ond Group   | \$             | 0.00 |                  |
| SEVE                 | NTY-FIFTH    | SUBSCRIBER GRO       | OUP       | SEV                | ENTY-SIXTH  | SUBSCRIBER GRO | UP   |                  |
| COMMUNITY/ AREA      |              |                      | 0         | COMMUNITY/ ARE     | Α           |                | 0    |                  |
| CALL SIGN            | DSE          | CALL SIGN            | DSE       | CALL SIGN          | DSE         | CALL SIGN      | DSE  |                  |
|                      |              | _                    |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              | -                    |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
|                      |              |                      |           |                    |             |                |      |                  |
| Γotal DSEs           | <del></del>  |                      | 0.00      | Total DSEs         | <del></del> |                | 0.00 |                  |
| Gross Receipts Third | Group        | \$                   | 0.00      | Gross Receipts Fou | rth Group   | \$             | 0.00 |                  |
| •                    | •            |                      |           |                    | •           |                |      |                  |
| Base Rate Fee Third  | Group        | \$                   | 0.00      | Base Rate Fee Fou  | rth Group   | \$             | 0.00 |                  |
|                      | the base rat | te fees for each sub |           | Base Rate Fee Fou  |             | \$             | 0.00 |                  |

| Mana            | SYSTEM ID#<br>007412 |                 |          |                                  |          | E STSTEWI.     | R OF CABL | CABLE ONE, INC.                   |
|-----------------|----------------------|-----------------|----------|----------------------------------|----------|----------------|-----------|-----------------------------------|
|                 |                      |                 |          | TE FEES FOR EACH                 |          |                |           |                                   |
| 9               | 0                    | SUBSCRIBER GROU | Y-EIGHTH | COMMUNITY/ AREA                  | <b>0</b> | SUBSCRIBER GRO | SEVENIH   | COMMUNITY/ AREA                   |
| Computati<br>of | DSE                  | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE       | CALL SIGN                         |
| Base Rate I     |                      |                 |          |                                  |          |                |           |                                   |
| and             |                      |                 |          |                                  |          |                |           |                                   |
| Syndicate       |                      | H               |          |                                  |          | -              |           |                                   |
| Exclusivit      |                      |                 |          |                                  |          | -              |           |                                   |
| Surcharg<br>for |                      |                 |          |                                  |          | -              |           |                                   |
| Partially       |                      |                 |          |                                  |          |                |           |                                   |
| Distant         |                      | -               |          |                                  |          | -              |           |                                   |
| Stations        |                      |                 |          |                                  |          | -              |           |                                   |
|                 |                      | _               |          |                                  |          |                |           |                                   |
|                 |                      | _               |          |                                  |          |                |           |                                   |
|                 |                      | _               |          |                                  |          | -              |           |                                   |
|                 |                      |                 |          |                                  | <u> </u> |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 | 0.00                 |                 |          | Total DSEs                       | 0.00     |                |           | Γotal DSEs                        |
|                 | 0.00                 | \$              | d Group  | Gross Receipts Second            | 0.00     | \$             | oup       | Gross Receipts First Gr           |
|                 |                      |                 | ·        |                                  |          |                | ·         | ·                                 |
|                 | 0.00                 | \$              | d Group  | Base Rate Fee Second             | 0.00     | \$             | oup       | Base Rate Fee First Gr            |
|                 | Р                    | SUBSCRIBER GROU | IGHTIETH | EI                               | JP       | SUBSCRIBER GRO | Y-NINTH   | SEVENT                            |
|                 | 0                    |                 |          | COMMUNITY/ AREA                  | 0        |                |           | COMMUNITY/ AREA                   |
|                 | DSE                  | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE       | CALL SIGN                         |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          | -              |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 |                      |                 |          |                                  |          |                |           |                                   |
|                 | 0.00                 |                 |          | Total DSEs                       | 0.00     |                |           | Fotal DSEs                        |
|                 | 0.00                 | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00     | \$             | roup      | Total DSEs Gross Receipts Third G |

| Name                 | SYSTEM ID#<br>007412 |                 |         |                                  |         |                 | R OF CABL | CABLE ONE, INC.         |
|----------------------|----------------------|-----------------|---------|----------------------------------|---------|-----------------|-----------|-------------------------|
|                      |                      |                 |         | TE FEES FOR EACH                 |         |                 |           |                         |
| 9                    | _                    | SUBSCRIBER GROU | -SECOND | TI .                             |         | SUBSCRIBER GROU | Y-FIRST   |                         |
| Computati            | 0                    |                 |         | COMMUNITY/ AREA                  | 0       |                 |           | COMMUNITY/ AREA         |
| of                   | DSE                  | CALL SIGN       | DSE     | CALL SIGN                        | DSE     | CALL SIGN       | DSE       | CALL SIGN               |
| Base Rate            |                      |                 |         |                                  |         |                 |           |                         |
| and                  |                      |                 |         |                                  |         |                 |           |                         |
| Syndicate            |                      |                 |         |                                  |         |                 |           |                         |
| Exclusivi            |                      | H               |         |                                  |         |                 |           |                         |
| Surcharg             |                      |                 |         |                                  |         |                 |           |                         |
| for                  |                      |                 |         |                                  |         |                 |           |                         |
| Partially<br>Distant |                      |                 |         |                                  |         |                 |           |                         |
| Stations             |                      |                 |         |                                  |         |                 |           |                         |
|                      |                      | -               |         |                                  |         |                 |           |                         |
|                      |                      |                 |         |                                  |         |                 |           |                         |
|                      |                      |                 |         |                                  |         |                 |           |                         |
|                      |                      |                 |         |                                  |         |                 |           |                         |
|                      |                      |                 |         |                                  |         |                 |           |                         |
|                      |                      |                 |         |                                  |         |                 |           |                         |
|                      | 0.00                 | -               |         | Total DSEs                       | 0.00    |                 |           | otal DSEs               |
|                      | 0.00                 | \$              | d Group | Gross Receipts Second            | 0.00    | \$              | oup       | Gross Receipts First Gr |
|                      |                      |                 |         |                                  |         |                 |           |                         |
|                      | 0.00                 | \$              | d Group | Base Rate Fee Second             | 0.00    | \$              | oup       | Base Rate Fee First Gro |
|                      | JP                   | SUBSCRIBER GROU | -FOURTH | FIGHTY                           | JP      | SUBSCRIBER GROU | Y-THIRD   | EIGHT                   |
|                      | •                    |                 |         |                                  |         |                 |           |                         |
|                      | 0                    |                 |         | COMMUNITY/ AREA                  | 0       |                 |           | COMMUNITY/ AREA         |
|                      | _                    | CALL SIGN       | DSE     |                                  |         | CALL SIGN       | DSE       | COMMUNITY/ AREA         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           | CALL SIGN               |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           |                         |
|                      | 0                    | CALL SIGN       | DSE     | COMMUNITY/ AREA                  | 0       |                 |           | CALL SIGN               |
|                      | DSE                  | CALL SIGN       |         | CALL SIGN                        | DSE     |                 | DSE       |                         |
|                      | DSE O.00             |                 |         | CALL SIGN  CALL SIGN  Total DSEs | DSE DSE | CALL SIGN       | DSE       | CALL SIGN               |

| Name                   | 007412 | S                             |          |                       |      | L OTOTEWI.                     | R OF CABL | CABLE ONE, INC.         |
|------------------------|--------|-------------------------------|----------|-----------------------|------|--------------------------------|-----------|-------------------------|
|                        | ID     | IBER GROUP<br>SUBSCRIBER GROU |          | TE FEES FOR EACH      |      | COMPUTATION OF SUBSCRIBER GROU |           |                         |
| 9                      | 0      | SUBSCRIBER GROU               | 11-51/11 | COMMUNITY/ AREA       | 0    | SUBSCRIBER GROU                | T-FIFIN   | COMMUNITY/ AREA         |
| Computati<br>of        | DSE    | CALL SIGN                     | DSE      | CALL SIGN             | DSE  | CALL SIGN                      | DSE       | CALL SIGN               |
| Base Rate              |        |                               |          |                       |      |                                |           |                         |
| and                    |        |                               |          |                       |      |                                |           |                         |
| Syndicate<br>Exclusivi |        |                               |          |                       |      |                                |           |                         |
| Surcharg               |        |                               |          |                       |      |                                |           |                         |
| for                    |        | +                             |          |                       |      |                                |           |                         |
| Partially              |        | -                             |          |                       |      | -                              |           |                         |
| Distant                |        |                               |          |                       |      |                                | -         |                         |
| Stations               |        |                               |          |                       |      |                                |           |                         |
|                        |        |                               |          |                       |      |                                |           |                         |
|                        |        | +                             |          |                       |      | -                              |           |                         |
|                        |        |                               |          |                       |      |                                |           |                         |
|                        |        |                               |          |                       |      |                                |           |                         |
|                        |        |                               |          |                       |      |                                |           |                         |
|                        | 0.00   |                               |          | Total DSEs            | 0.00 |                                |           | otal DSEs               |
|                        | 0.00   | \$                            | d Group  | Gross Receipts Second | 0.00 | \$                             | oup       | Gross Receipts First Gr |
|                        | 0.00   | \$                            | d Group  | Base Rate Fee Second  | 0.00 | \$                             | oup       | Base Rate Fee First Gr  |
|                        | JP     | SUBSCRIBER GROU               | Y-EIGHTH | EIGHT                 | JP   | SUBSCRIBER GRO                 | EVENTH    | EIGHTY-S                |
|                        |        |                               |          |                       |      |                                |           |                         |
|                        | 0      |                               |          | COMMUNITY/ AREA       | 0    |                                |           | COMMUNITY/ AREA         |
|                        | DSE    | CALL SIGN                     | DSE      | COMMUNITY/ AREA       | DSE  | CALL SIGN                      | DSE       | CALL SIGN               |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       | CALL SIGN               |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       |                         |
|                        |        | CALL SIGN                     | DSE      |                       |      | CALL SIGN                      | DSE       | CALL SIGN               |
|                        | DSE    | CALL SIGN                     |          | CALL SIGN             | DSE  | CALL SIGN                      |           |                         |

| Name             | SYSTEM ID#<br>007412 |                               |         |                       |      | L OTOTEM.                         | R OF CABL | CABLE ONE, INC.            |
|------------------|----------------------|-------------------------------|---------|-----------------------|------|-----------------------------------|-----------|----------------------------|
|                  | JP                   | IBER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH      |      | COMPUTATION OF<br>SUBSCRIBER GROU |           |                            |
| 9<br>Computati   | 0                    |                               |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA            |
| of               | DSE                  | CALL SIGN                     | DSE     | CALL SIGN             | DSE  | CALL SIGN                         | DSE       | CALL SIGN                  |
| Base Rate        |                      |                               |         |                       |      |                                   |           |                            |
| and<br>Syndicate |                      |                               |         |                       |      |                                   |           |                            |
| Exclusivi        |                      |                               |         |                       |      |                                   |           |                            |
| Surcharg<br>for  |                      |                               |         |                       |      |                                   |           |                            |
| Partially        |                      | <b>-</b>                      |         |                       |      |                                   |           |                            |
| Distant          |                      |                               |         |                       |      |                                   |           |                            |
| Stations         |                      |                               |         |                       |      |                                   |           |                            |
|                  |                      |                               |         |                       |      |                                   |           |                            |
|                  |                      |                               |         |                       |      |                                   |           |                            |
|                  |                      |                               |         |                       |      |                                   |           |                            |
|                  |                      |                               |         |                       |      |                                   |           |                            |
|                  | 0.00                 |                               |         | Total DSEs            | 0.00 |                                   |           | Total DSEs                 |
|                  | 0.00                 | \$                            | d Group | Gross Receipts Second | 0.00 | \$                                | oup       | Gross Receipts First Gr    |
|                  | 0.00                 | \$                            | d Group | Base Rate Fee Second  | 0.00 | \$                                | oup       | Base Rate Fee First Gro    |
|                  | JP                   | SUBSCRIBER GROU               | -SECOND | NINETY                | JP   | SUBSCRIBER GRO                    | Y-FIRST   | NINET                      |
|                  |                      |                               |         |                       |      |                                   |           |                            |
|                  | 0                    |                               |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA            |
|                  | DSE                  | CALL SIGN                     | DSE     | COMMUNITY/ AREA       | DSE  | CALL SIGN                         | DSE       | COMMUNITY/ AREA  CALL SIGN |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       | CALL SIGN                  |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  |                      | CALL SIGN                     | DSE     |                       |      | CALL SIGN                         | DSE       |                            |
|                  | DSE                  | CALL SIGN                     |         | CALL SIGN             | DSE  | CALL SIGN                         |           | CALL SIGN                  |

| Mana            | SYSTEM ID#<br>007412 |                               |          |                       |          | E SYSTEM:                        |          | CABLE ONE, INC.                               |
|-----------------|----------------------|-------------------------------|----------|-----------------------|----------|----------------------------------|----------|---|
|                 | JP                   | IBER GROUP<br>SUBSCRIBER GROU |          | TE FEES FOR EACH      |          | COMPUTATION OF<br>SUBSCRIBER GRO |          |   |
| 9<br>Computati  | 0                    |                               |          | COMMUNITY/ AREA       | 0        |                                  |          | COMMUNITY/ AREA                               |
| of              | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
| Base Rate and   |                      |                               |          |                       |          |                                  |          |   |
| Syndicate       |                      | -                             |          |                       |          |                                  |          |   |
| Exclusivi       |                      |                               |          |                       |          |                                  |          |   |
| Surcharg<br>for |                      |                               |          |                       |          |                                  |          |   |
| Partially       |                      |                               |          |                       |          |                                  |          |   |
| Distant         |                      |                               |          |                       |          |                                  |          |   |
| Stations        |                      |                               |          |                       |          |                                  |          |   |
|                 |                      | -                             |          |                       |          |                                  |          |   |
|                 |                      | _                             |          |                       |          |                                  |          |   |
|                 |                      |                               |          |                       |          |                                  |          |   |
|                 |                      |                               |          |                       |          |                                  |          |   |
|                 | 0.00                 |                               |          | Total DSEs            | 0.00     |                                  |          | Γotal DSEs                                    |
|                 | 0.00                 | \$                            | d Group  | Gross Receipts Second | 0.00     | \$                               | oup      | Gross Receipts First Gr                       |
|                 | 0.00                 | \$                            | d Group  | Base Rate Fee Second  | 0.00     | \$                               | oup      | Base Rate Fee First Gr                        |
|                 |                      | SUBSCRIBER GROU               | TY-SIXTH |                       |          | SUBSCRIBER GRO                   | ΓY-FIFTH |   |
|                 | 0                    |                               |          | COMMUNITY/ AREA       | 0        |                                  |          | COMMUNITY/ AREA                               |
|                 |                      |                               |          |                       |          |                                  |          |   |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE                  | CALL SIGN                     | DSE      | CALL SIGN             | DSE      | CALL SIGN                        | DSE      | CALL SIGN                                     |
|                 | DSE O.00             | CALL SIGN                     | DSE      | Total DSEs            | DSE O.00 | CALL SIGN                        | DSE      |   |
|                 |                      | CALL SIGN                     |          |                       |          | CALL SIGN                        |          | CALL SIGN  Total DSEs  Gross Receipts Third G |

|                     | O07412 | 31                            |         |                                  |      | E SYSTEM:                        | R OF CABL | CABLE ONE, INC.                   |
|---------------------|--------|-------------------------------|---------|----------------------------------|------|----------------------------------|-----------|-----------------------------------|
|                     | IP     | IBER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH                 |      | COMPUTATION OF<br>SUBSCRIBER GRO |           |                                   |
| 9<br>Computati      | 0      |                               |         | COMMUNITY/ AREA                  | 0    |                                  |           | COMMUNITY/ AREA                   |
| of                  | DSE    | CALL SIGN                     | DSE     | CALL SIGN                        | DSE  | CALL SIGN                        | DSE       | CALL SIGN                         |
| Base Rate I         |        |                               |         |                                  |      |                                  |           |                                   |
| Syndicate           |        | -                             |         |                                  |      |                                  |           |                                   |
| Exclusivit          |        |                               |         |                                  |      |                                  |           |                                   |
| Surcharg<br>for     |        |                               |         |                                  |      |                                  |           |                                   |
| Partially           |        |                               |         |                                  |      |                                  |           |                                   |
| Distant<br>Stations |        |                               |         |                                  | •    |                                  |           |                                   |
| Gtationo            |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        | _                             |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     | 0.00   |                               |         | Total DSEs                       | 0.00 |                                  |           | Total DSEs                        |
|                     | 0.00   | \$                            | d Group | Gross Receipts Second            | 0.00 | \$                               | oup       | Gross Receipts First Gr           |
|                     | 0.00   | \$                            | d Group | Base Rate Fee Second             | 0.00 | \$                               | oup       | Base Rate Fee First Gr            |
|                     | _      | SUBSCRIBER GROU               | NDREDTH |                                  |      | SUBSCRIBER GRO                   | Y-NINTH   |                                   |
|                     | 0      |                               |         | COMMUNITY/ AREA                  | 0    |                                  |           | COMMUNITY/ AREA                   |
|                     | DSE    | CALL SIGN                     | DSE     | CALL SIGN                        | DSE  | CALL SIGN                        | DSE       | CALL SIGN                         |
|                     |        | -                             |         |                                  | •    |                                  |           |                                   |
|                     |        |                               |         |                                  |      | 1                                |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     |        |                               |         |                                  |      |                                  |           |                                   |
|                     | 0.00   |                               |         | Total DSEs                       | 0.00 |                                  |           | Fotal DSEs                        |
|                     | 0.00   | \$                            | Group   | Total DSEs Gross Receipts Fourth | 0.00 | \$                               | roup      | Total DSEs Gross Receipts Third G |

| LEGAL NAME OF OWNE     |             | E SYSTEM:      |           |                     | Name      |                |      |                          |
|------------------------|-------------|----------------|-----------|---------------------|-----------|----------------|------|--------------------------|
| BI                     | LOCK A: (   | COMPUTATION O  | F BASE RA | TE FEES FOR EAC     | H SUBSCF  | RIBER GROUP    |      |                          |
| ONE HUNDR              | ED FIRST    | SUBSCRIBER GRO | UP        | ONE HUNDRI          | ED SECOND | SUBSCRIBER GRO | UP   | 0                        |
| COMMUNITY/ AREA        |             |                | 0         | COMMUNITY/ AREA     | A         |                | 0    | 9<br>Computation         |
| CALL SIGN              | DSE         | CALL SIGN      | DSE       | CALL SIGN           | DSE       | CALL SIGN      | DSE  | of                       |
|                        |             |                |           |                     |           |                |      | Base Rate Fe             |
|                        |             |                |           |                     |           |                |      | and                      |
|                        |             | -              |           |                     |           |                |      | Syndicated               |
|                        |             |                |           |                     |           |                |      | Exclusivity<br>Surcharge |
|                        |             |                |           |                     |           |                |      | for                      |
|                        |             | -              |           |                     |           | - H            |      | Partially                |
|                        |             | -              |           |                     |           |                |      | Distant                  |
|                        |             |                |           |                     |           |                |      | Stations                 |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
| Fotal DSEs             |             |                | 0.00      | Total DSEs          |           | Ш              | 0.00 |                          |
| Gross Receipts First G | roup        | \$             | 0.00      | Gross Receipts Seco | ond Group | \$             | 0.00 |                          |
| Base Rate Fee First G  | roup        | \$             | 0.00      | Base Rate Fee Seco  | ond Group | \$             | 0.00 |                          |
| ONE HUNDR              | ED THIRD    | SUBSCRIBER GRO | UP        | ONE HUNDR           | ED FOURTH | SUBSCRIBER GRO | UP   |                          |
| COMMUNITY/ AREA        |             |                | 0         | COMMUNITY/ AREA     | A         |                | 0    |                          |
| CALL SIGN              | DSE         | CALL SIGN      | DSE       | CALL SIGN           | DSE       | CALL SIGN      | DSE  |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             | -              |           |                     |           |                |      |                          |
|                        |             | -              |           |                     |           |                |      |                          |
|                        |             | -              |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             | -              |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             | -              |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
|                        |             |                |           |                     |           |                |      |                          |
| Total DSEs             |             |                | 0.00      | Total DSEs          |           |                | 0.00 |                          |
| Gross Receipts Third C | Group       | \$             | 0.00      | Gross Receipts Four | th Group  | \$             | 0.00 |                          |
| Base Rate Fee Third C  | Group       | \$             | 0.00      | Base Rate Fee Four  | th Group  | \$             | 0.00 |                          |
| Rate Fee: Add th       | ne base rat |                |           | Base Rate Fee Four  |           | \$             | 0.00 |                          |

| Name             | YSTEM ID#<br>007412 |                               |          |                      |      | L OTOTEM.                        | R OF CABL | CABLE ONE, INC.          |
|------------------|---------------------|-------------------------------|----------|----------------------|------|----------------------------------|-----------|--------------------------|
| 0                | JP                  | IBER GROUP<br>SUBSCRIBER GROU |          | T .                  |      | COMPUTATION OF<br>SUBSCRIBER GRO |           |                          |
| 9<br>Computati   | 0                   |                               |          | COMMUNITY/ AREA      | 0    |                                  |           | COMMUNITY/ AREA          |
| of               | DSE                 | CALL SIGN                     | DSE      | CALL SIGN            | DSE  | CALL SIGN                        | DSE       | CALL SIGN                |
| Base Rate I      |                     |                               |          |                      |      |                                  |           |                          |
| and<br>Syndicate |                     |                               |          |                      |      |                                  |           |                          |
| Exclusivit       |                     | -                             |          |                      |      |                                  |           |                          |
| Surcharg         |                     |                               |          |                      |      |                                  |           |                          |
| for<br>Partially |                     |                               |          |                      |      |                                  |           |                          |
| Distant          |                     | <del> </del>                  |          |                      |      |                                  |           |                          |
| Stations         |                     |                               |          |                      |      |                                  |           |                          |
|                  |                     |                               |          |                      |      |                                  |           |                          |
|                  |                     |                               |          |                      |      |                                  |           |                          |
|                  |                     |                               |          |                      |      |                                  |           |                          |
|                  |                     |                               |          |                      |      |                                  |           |                          |
|                  | 0.00                |                               |          | Total DSEs           | 0.00 |                                  |           | Total DSEs               |
|                  | 0.00                | \$                            | d Group  | Gross Receipts Secon | 0.00 | \$                               | nun       | Gross Receipts First Gr  |
|                  | 0.00                | <u> </u>                      | а Огоар  | Gross Receipts Secon | 0.00 | <u> </u>                         | Jup       | orosa receipta i iist Or |
|                  | 0.00                | \$                            | d Group  | Base Rate Fee Secon  | 0.00 | \$                               | oup       | Base Rate Fee First Gr   |
|                  | JP                  | SUBSCRIBER GROU               | D EIGHTH | ONE HUNDRE           |      | SUBSCRIBER GRO                   | EVENTH    |                          |
|                  |                     |                               |          | II                   |      |                                  |           |                          |
|                  | 0                   |                               |          | COMMUNITY/ AREA      | 0    |                                  |           | COMMUNITY AREA           |
|                  | DSE                 | CALL SIGN                     | DSE      | COMMUNITY/ AREA      | DSE  | CALL SIGN                        | DSE       | CALL SIGN                |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       | CALL SIGN                |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  |                     | CALL SIGN                     | DSE      |                      |      | CALL SIGN                        | DSE       |                          |
|                  | DSE                 | CALL SIGN                     |          | CALL SIGN            | DSE  | CALL SIGN                        |           | CALL SIGN                |

|                  | YSTEM ID#<br>007412 | S   |         |                       |      | E SYSTEM:                         | R OF CABL | LEGAL NAME OF OWNER CABLE ONE, INC. |
|------------------|---------------------|---|---------|-----------------------|------|-----------------------------------|-----------|-------------------------------------|
|                  | JP                  | IBER GROUP<br>SUBSCRIBER GROU                           |         | TE FEES FOR EACH      |      | COMPUTATION OF<br>SUBSCRIBER GROU |           |                                     |
| 9<br>Computati   | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
| of               | DSE                 | CALL SIGN   | DSE     | CALL SIGN             | DSE  | CALL SIGN                         | DSE       | CALL SIGN                           |
| Base Rate and    |                     |   |         |                       | •    |                                   |           |                                     |
| Syndicate        |                     |   |         |                       |      |                                   |           |                                     |
| Exclusivi        |                     |   |         |                       |      |                                   |           |                                     |
| Surcharg         |                     |   |         |                       |      | -                                 |           |                                     |
| for<br>Partially |                     |   |         |                       |      |                                   |           |                                     |
| Distant          |                     |   |         |                       |      |                                   |           |                                     |
| Stations         |                     |   |         |                       |      |                                   |           |                                     |
|                  |                     |   |         |                       |      |                                   |           |                                     |
|                  |                     | -   |         |                       |      | -                                 |           |                                     |
|                  |                     |   |         |                       |      |                                   |           |                                     |
|                  |                     |   |         |                       |      |                                   |           |                                     |
|                  | 0.00                |   | •       | Total DSEs            | 0.00 |                                   |           | Total DSEs                          |
|                  | 0.00                | \$  | d Group | Gross Receipts Second | 0.00 | \$                                | oup       | Gross Receipts First Gr             |
|                  | 0.00                | \$  | d Group | Base Rate Fee Second  | 0.00 | \$                                | oup       | <b>3ase Rate Fee</b> First Gro      |
|                  |                     |   |         |                       |      |                                   |           |                                     |
|                  | JP <b>0</b>         | ONE HUNDRED TWELVTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 |         | TH SUBSCRIBER GROUP 0 |      | HUNDRED ELEVENTH SUBSCRIBER G     |           |                                     |
|                  | _                   | SUBSCRIBER GROU   | TWELVTH |                       |      | SUBSCRIBER GROU                   | EVENTH    |                                     |
|                  | _                   | CALL SIGN   | DSE     |                       |      | SUBSCRIBER GROU                   | DSE       |                                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | COMMUNITY/ AREA                     |
|                  | 0                   |   |         | COMMUNITY/ AREA       | 0    |                                   |           | CALL SIGN                           |
|                  | DSE                 |   | DSE     | CALL SIGN             | DSE  |                                   | DSE       | COMMUNITY/ AREA                     |

| LEGAL NAME OF OWNE  CABLE ONE, INC. | R OF CABL                               | E SYSTEM:             |              |                       |           | S              | 007412 | Name             |
|-------------------------------------|---|-----------------------|--------------|-----------------------|-----------|----------------|--------|------------------|
| BL                                  | OCK A: (                                | COMPUTATION OF        | BASE RA      | ATE FEES FOR EAC      | H SUBSCR  | RIBER GROUP    |        |                  |
| ONE HUNDRED THIS                    | RTEENTH                                 | SUBSCRIBER GRO        | UP           | ii                    |           | SUBSCRIBER GRO | UP     | 0                |
| COMMUNITY/ AREA                     |   |                       | 0            | COMMUNITY/ AREA       |           |                | 0      | 9<br>Computation |
| CALL SIGN                           | DSE                                     | CALL SIGN             | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE    | of               |
|                                     |   |                       |              |                       |           |                |        | Base Rate F      |
|                                     |   | -                     |              |                       |           |                |        | and              |
|                                     |   |                       |              |                       |           |                |        | Syndicated       |
|                                     |   |                       |              |                       |           |                |        | Exclusivity      |
|                                     |   |                       |              |                       |           |                |        | Surcharge        |
|                                     |   |                       |              |                       |           |                |        | for              |
|                                     |   |                       |              |                       |           |                |        | Partially        |
|                                     |   |                       |              |                       |           | <br>           |        | Distant          |
|                                     |   |                       |              |                       |           |                |        | Stations         |
|                                     |   | -                     |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           | H              |        |                  |
|                                     |   |                       | <u></u>      |                       |           | •              |        |                  |
|                                     |   |                       | <u> </u>     |                       |           |                |        |                  |
| Total DSEs                          |   |                       | 0.00         | Total DSEs            |           | II             | 0.00   |                  |
| Gross Receipts First G              | oup                                     | \$                    | 0.00         | Gross Receipts Seco   | and Group | \$             | 0.00   |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
| Base Rate Fee First G               |   | \$                    | 0.00         | Base Rate Fee Seco    |           | \$             | 0.00   |                  |
| ONE HUNDRED FI                      | TEENTH                                  | SUBSCRIBER GRO        | UP           | ONE HUNDRED           | SIXTEENTH | SUBSCRIBER GRO | UP     |                  |
| COMMUNITY/ AREA                     | *************************************** | H SUBSCRIBER GROUP  0 |              | COMMUNITY/ AREA       |           |                | 0      |                  |
| CALL SIGN                           | DSE                                     | CALL SIGN             | DSE          | CALL SIGN             | DSE       | CALL SIGN      | DSE    |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           | -              |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       | <u>"</u>     |                       |           |                |        |                  |
|                                     |   | -                     |              |                       |           | · <del></del>  |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
|                                     |   |                       |              |                       |           |                |        |                  |
| Total DSEs                          |   |                       | 0.00         | Total DSEs            |           |                | 0.00   |                  |
| Gross Receipts Third G              | iroup                                   | \$                    | 0.00         | Gross Receipts Four   | th Group  | \$             | 0.00   |                  |
| Dogo Data Fac Third C               | · rous                                  |                       | 0.00         | Boss Bata Fra Fra     | th Or     |                | 0.00   |                  |
| Base Rate Fee Third G               | ισυμ                                    | \$                    | 0.00         | Base Rate Fee Four    | ιιι       | \$             | 0.00   |                  |
| Base Rate Fee: Add th               |   |                       | criber group | as shown in the boxes | s above.  |                |        |                  |
| Enter here and in block             | 3, line 1, s                            | space L (page 7)      |              |                       |           | \$             |        |                  |

|                       | 007412 | S                              |          |                       |      | E SYSTEM:      | R OF CABL | CABLE ONE, INC.                   |
|-----------------------|--------|--------------------------------|----------|-----------------------|------|----------------|-----------|-----------------------------------|
| 9                     |        | IBER GROUP<br>SUBSCRIBER GROUP |          | ll .                  | )    |                |           | ONE HUNDRED SEVE                  |
| Computati             | 0      |                                |          | COMMUNITY/ AREA       | 0    |                |           | COMMUNITY/ AREA                   |
| of                    | DSE    | CALL SIGN                      | DSE      | CALL SIGN             | DSE  | CALL SIGN      | DSE       | CALL SIGN                         |
| Base Rate             |        |                                |          |                       |      |                |           |                                   |
| and                   |        |                                |          |                       |      |                |           |                                   |
| Syndicate             |        |                                |          |                       |      | -              |           |                                   |
| Exclusivi<br>Surcharg |        |                                |          |                       |      |                |           |                                   |
| for                   |        |                                |          |                       |      |                |           |                                   |
| Partially             |        |                                |          |                       |      |                |           |                                   |
| Distant               |        |                                |          |                       |      |                |           |                                   |
| Stations              |        |                                |          |                       |      |                |           |                                   |
|                       |        |                                |          |                       |      |                |           |                                   |
|                       |        |                                |          |                       |      |                |           |                                   |
|                       |        |                                |          |                       |      |                |           |                                   |
|                       |        |                                |          |                       |      |                |           |                                   |
|                       |        |                                |          |                       |      |                |           |                                   |
|                       | 0.00   |                                | <u> </u> | Total DSEs            | 0.00 |                | <u> </u>  | otal DSEs                         |
|                       | 0.00   | \$                             | d Group  | Gross Receipts Second | 0.00 | \$             | oup       | Gross Receipts First Gr           |
|                       |        |                                |          |                       |      |                |           |                                   |
|                       | 0.00   | \$                             | d Group  | Base Rate Fee Second  | 0.00 | \$             | oup       | Base Rate Fee First Gr            |
|                       | IP     | SUBSCRIBER GROU                | /ENTIETH | ONE HUNDRED TV        | JP   | SUBSCRIBER GRO | ITEENTH   | ONE HUNDRED NIN                   |
|                       | 0      |                                |          | COMMUNITY/ AREA       | 0    | 0              |           | COMMUNITY/ AREA                   |
|                       |        | CALL SIGN                      | DSE      | CALL SIGN             | DSE  | CALL SIGN      | DSE       | CALL SIGN                         |
|                       | DSE    |                                | DOL      |                       |      |                |           |                                   |
|                       | DSE    |                                | DOL      |                       | ļ    |                |           |                                   |
|                       | DSE    |                                | DOL      |                       |      |                |           |                                   |
|                       | DSE    |                                | BOL      |                       |      |                |           |                                   |
|                       | DSE    |                                | 562      |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | DSE    |                                |          |                       |      |                |           |                                   |
|                       | 0.00   |                                |          | Total DSEs            | 0.00 |                |           | Fotal DSEs                        |
|                       |        |                                |          |                       | 0.00 | \$             | roup      |                                   |
|                       | 0.00   | \$                             |          | Total DSEs            | ,    | \$             | roup      | Fotal DSEs Gross Receipts Third G |

| Nar            | YSTEM ID#<br>007412   | S                           |          |   |      |                             | OF CABL  | CABLE ONE, INC.  |
|----------------|-----------------------|-----------------------------|----------|---|------|-----------------------------|----------|--|
|                |                       |                             |          | TE FEES FOR EACH  |      |                             |          |  |
| 9              |                       | SUBSCRIBER GROUP            | Y-SECOND | ONE HUNDRED TWENT   |      | SUBSCRIBER GROUP            | TY-FIRST | ONE HUNDRED TWEN   |
| Compi          | 0                     |                             |          | COMMUNITY/ AREA   | 0    |                             |          | COMMUNITY/ AREA  |
| o c            | DSE                   | CALL SIGN                   | DSE      | CALL SIGN   | DSE  | CALL SIGN                   | DSE      | CALL SIGN  |
| Base R         |                       | -                           |          |   |      |                             |          |  |
| ar             |                       |                             |          |   |      |                             |          |  |
| Syndi          |                       |                             |          |   |      |                             |          |  |
| Exclu<br>Surch |                       |                             |          |   |      |                             |          |  |
| fo             |                       |                             |          |   |      | -                           |          |  |
| Part           |                       |                             |          |   |      |                             |          |  |
| Dist           |                       |                             |          |   | •    |                             |          |  |
| Stati          |                       |                             |          |   |      |                             |          |  |
|                |                       |                             |          |   |      |                             |          |  |
|                |                       |                             |          |   |      |                             |          |  |
|                |                       |                             |          |   |      |                             |          |  |
|                |                       |                             |          |   |      |                             |          |  |
|                |                       |                             |          |   |      |                             |          |  |
|                | 0.00                  |                             |          | Total DSEs  | 0.00 |                             |          | otal DSEs  |
|                |                       |                             | 0.00     |   |      |                             |          |  |
|                | 0.00                  | \$                          | d Group  | Gross Receipts Secor  | 0.00 | \$                          | oup      | iross Receipts First Gro                                 |
|                |                       | \$                          | d Group  | Gross Receipts Secor  | 0.00 | \$                          | oup      | ross Receipts First Gro                                  |
|                |                       | \$                          |          | Gross Receipts Secon  | 0.00 | \$                          |          |  |
|                | 0.00                  | \$                          | d Group  | Base Rate Fee Secon   | 0.00 | \$                          | oup      | ase Rate Fee First Gro                                   |
|                | 0.00                  | \$                          | d Group  | Base Rate Fee Secon   | 0.00 | \$                          | oup      | ase Rate Fee First Gro                                   |
|                | 0.00                  | \$                          | d Group  | Base Rate Fee Secon   | 0.00 | \$                          | oup      | ase Rate Fee First Gro                                   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro                                   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro                                   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | Sase Rate Fee First Gro                                  |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ONE HUNDRED TWENT  |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | ase Rate Fee First Gro ONE HUNDRED TWEN OMMUNITY/ AREA   |
|                | 0.00                  | \$ SUBSCRIBER GROUP         | d Group  | Base Rate Fee Secor ONE HUNDRED TWEN COMMUNITY/ AREA                          | 0.00 | \$ SUBSCRIBER GROUP         | oup      | COMMUNITY/ AREA  |
|                | 0.00  0.00  DSE  0.00 | SUBSCRIBER GROUP  CALL SIGN | DSE      | Dase Rate Fee Second ONE HUNDRED TWENT COMMUNITY/ AREA  CALL SIGN  Total DSEs | 0.00 | SUBSCRIBER GROUP  CALL SIGN | DSE DSE  | ONE HUNDRED TWENT COMMUNITY/ AREA  CALL SIGN  fotal DSEs |
|                | 0.00  0.00  DSE       | \$ SUBSCRIBER GROUP         | DSE      | Dase Rate Fee Second ONE HUNDRED TWEN' COMMUNITY/ AREA CALL SIGN              | 0.00 | \$ SUBSCRIBER GROUP         | DSE DSE  | ONE HUNDRED TWENT COMMUNITY/ AREA  CALL SIGN             |

| Name            | 007412   | S                |           |  |      |                  |         | LEGAL NAME OF OWNER CABLE ONE, INC.          |
|-----------------|----------|------------------|-----------|--|------|------------------|---------|--|
| 9               | 0        | IBER GROUP       |           | TE FEES FOR EACH ONE HUNDRED TWE COMMUNITY/ AREA |      |                  |         | BL<br>ONE HUNDRED TWEN<br>COMMUNITY/ AREA    |
| Computati       | U        |                  |           | COMMUNITY AREA                                   | U    |                  |         | COMMUNITY AREA                               |
| of              | DSE      | CALL SIGN        | DSE       | CALL SIGN  | DSE  | CALL SIGN        | DSE     | CALL SIGN                                    |
| Base Rate       |          |                  |           |  |      |                  |         |  |
| and             |          |                  |           |  |      |                  |         |  |
| Syndicate       |          |                  |           |  |      |                  |         |  |
| Exclusivi       |          |                  |           |  |      |                  |         |  |
| Surcharg<br>for |          |                  |           |  |      |                  |         |  |
| Partially       |          |                  |           |  |      |                  |         |  |
| Distant         |          |                  |           |  |      | -                |         |  |
| Stations        |          |                  |           |  |      |                  |         |  |
|                 |          | -                |           |  |      |                  |         |  |
|                 |          |                  |           |  |      |                  |         |  |
|                 |          |                  |           |  |      |                  |         |  |
|                 |          |                  |           |  |      |                  |         |  |
|                 |          |                  |           |  |      |                  |         |  |
|                 |          |                  |           |  |      |                  |         |  |
|                 | 0.00     |                  |           | Total DSEs                                       | 0.00 |                  |         | Total DSEs                                   |
|                 | 0.00     | \$               | d Group   | Gross Receipts Secon                             | 0.00 | \$               | oup     | Gross Receipts First Gr                      |
|                 |          |                  |           |  |      |                  |         |  |
|                 | 0.00     | \$               | d Group   | Base Rate Fee Secon                              | 0.00 | \$               | oup     | Base Rate Fee First Gro                      |
|                 | <u> </u> |                  |           | Base Rate Fee Secon                              | J    |                  | -       |  |
|                 | <u> </u> |                  |           |  | J    |                  | -       | NE HUNDRED TWENTY-                           |
|                 |          |                  |           | ONE HUNDRED TWEN                                 |      |                  | -       | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-COMMUNITY/ AREA  CALL SIGN |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | 0        | SUBSCRIBER GROUP | ry-Eighth | ONE HUNDRED TWEN                                 | 0    | SUBSCRIBER GROUP | SEVENTH | NE HUNDRED TWENTY-                           |
|                 | DSE      | SUBSCRIBER GROUP | DSE       | ONE HUNDRED TWEN  COMMUNITY/ AREA  CALL SIGN     | DSE  | SUBSCRIBER GROUP | DSE     | NE HUNDRED TWENTY-COMMUNITY/ AREA  CALL SIGN |

|                 | 007412                                | S                |                 |  |         |                     | OF CABL  | LEGAL NAME OF OWNER CABLE ONE, INC. |
|-----------------|---------------------------------------|------------------|-----------------|--|---------|---------------------|----------|-------------------------------------|
|                 |                                       |                  |                 | TE FEES FOR EACH                             |         |                     |          |                                     |
| 9               |                                       | SUBSCRIBER GROUP | THIRTIETH       |  |         | SUBSCRIBER GROUP    | TY-NINTH | ONE HUNDRED TWEN                    |
| Computati       | 0                                     |                  |                 | COMMUNITY/ AREA                              | 0       |                     |          | COMMUNITY/ AREA                     |
| of              | DSE                                   | CALL SIGN        | DSE             | CALL SIGN                                    | DSE     | CALL SIGN           | DSE      | CALL SIGN                           |
| Base Rate I     |                                       |                  |                 |  |         |                     |          |                                     |
| and             |                                       |                  |                 |  |         |                     |          |                                     |
| Syndicate       |                                       | -                |                 |  |         |                     |          |                                     |
| Exclusivit      |                                       |                  |                 |  |         |                     |          |                                     |
| Surcharg<br>for |                                       |                  |                 |  |         |                     |          |                                     |
| Partially       |                                       |                  |                 |  |         |                     |          |                                     |
| Distant         |                                       |                  |                 |  |         |                     |          |                                     |
| Stations        |                                       |                  |                 |  |         |                     |          |                                     |
|                 |                                       |                  |                 |  |         |                     |          |                                     |
|                 |                                       |                  |                 |  |         |                     |          |                                     |
|                 |                                       |                  |                 |  |         |                     |          |                                     |
|                 |                                       |                  |                 |  | <b></b> |                     |          |                                     |
|                 |                                       |                  |                 |  |         |                     |          |                                     |
|                 | 0.00                                  |                  |                 | T. ( ) DOT :                                 | 0.00    |                     |          | F.A.I. DOE.                         |
|                 | 0.00                                  |                  |                 | Total DSEs                                   | 0.00    |                     |          | Total DSEs                          |
|                 | 0.00                                  | \$               | d Group         | Gross Receipts Secon                         | 0.00    | \$                  | oup      | Gross Receipts First Gr             |
|                 |                                       | \$               | d Croup         | Base Rate Fee Second                         |         |                     |          | <b>.</b>                            |
|                 | 0.00                                  | L <sup>*</sup>   | a Group         | Dase Rate Fee Secon                          | 0.00    | \$                  | oup      | Base Rate Fee First Gro             |
|                 | , , , , , , , , , , , , , , , , , , , |                  |                 | ONE HUNDRED THIRT                            |         | \$ SUBSCRIBER GROUP |          |                                     |
|                 | , , , , , , , , , , , , , , , , , , , |                  |                 |  |         |                     |          | ONE HUNDRED THIR                    |
|                 |                                       |                  |                 | ONE HUNDRED THIRT                            |         |                     |          | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | COMMUNITY/ AREA                     |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | 0                                     | SUBSCRIBER GROUP | Y-SECOND        | ONE HUNDRED THIRT COMMUNITY/ AREA            | 0       | SUBSCRIBER GROUP    | TY-FIRST | ONE HUNDRED THIR                    |
|                 | DSE                                   | SUBSCRIBER GROUP | y-second<br>DSE | ONE HUNDRED THIRT COMMUNITY/ AREA  CALL SIGN | DSE     | SUBSCRIBER GROUP    | DSE      | ONE HUNDRED THIR                    |

| LEGAL NAME OF OWNE CABLE ONE, INC. | R OF CABL         | E SYSTEM:                    |             |                       |           | S                | 007412 | Name                 |
|------------------------------------|-------------------|------------------------------|-------------|-----------------------|-----------|------------------|--------|----------------------|
| BL                                 | OCK A: (          | COMPUTATION OF               | BASE RA     | TE FEES FOR EAC       | H SUBSCF  | RIBER GROUP      |        |                      |
|                                    | TY-THIRD          | SUBSCRIBER GROUP             |             | ii e                  |           | SUBSCRIBER GROUP | _      | 9                    |
| COMMUNITY/ AREA                    |                   |                              | 0           | COMMUNITY/ AREA       |           |                  | 0      | Computation          |
| CALL SIGN                          | DSE               | CALL SIGN                    | DSE         | CALL SIGN             | DSE       | CALL SIGN        | DSE    | of                   |
|                                    |                   |                              |             |                       |           |                  |        | Base Rate F          |
|                                    |                   |                              |             |                       |           |                  |        | and                  |
|                                    |                   |                              |             |                       |           |                  |        | Syndicate            |
|                                    |                   | -                            |             |                       |           |                  |        | Exclusivit           |
|                                    |                   | -                            |             |                       |           |                  |        | Surcharge            |
|                                    |                   | -                            |             |                       |           | -                |        | for                  |
|                                    |                   |                              |             |                       |           |                  |        | Partially<br>Distant |
|                                    |                   | -                            |             |                       |           | -                |        | Stations             |
|                                    |                   | -                            |             |                       |           | -                |        |                      |
|                                    |                   | -                            | •           |                       |           | -                |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
| Total DSEs                         |                   |                              | 0.00        | Total DSEs            |           |                  | 0.00   |                      |
| Gross Receipts First Gr            | oup               | \$                           | 0.00        | Gross Receipts Seco   | nd Group  | \$               | 0.00   |                      |
| Base Rate Fee First Gr             | oup               | \$                           | 0.00        | Base Rate Fee Seco    | nd Group  | \$               | 0.00   |                      |
| ONE HUNDRED THIR                   | TY-FIFTH          | SUBSCRIBER GROU              | JP          | ONE HUNDRED THI       | RTY-SIXTH | SUBSCRIBER GRO   | UP     |                      |
| COMMUNITY/ AREA                    |                   |                              | 0           |                       |           |                  | 0      |                      |
| CALL SIGN                          | DSE               | CALL SIGN                    | DSE         | CALL SIGN             | DSE       | CALL SIGN        | DSE    |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   | -                            |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   | -                            |             |                       |           | ·                |        |                      |
|                                    |                   | -                            |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   | -                            | <b>.</b>    |                       |           |                  |        |                      |
|                                    |                   |                              | <b></b>     |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
|                                    |                   |                              |             |                       |           |                  |        |                      |
| Total DSEs                         |                   |                              | 0.00        | Total DSEs            |           |                  | 0.00   |                      |
| Gross Receipts Third G             | roup              | \$                           | 0.00        | Gross Receipts Fourt  | h Group   | \$               | 0.00   |                      |
| <b>Base Rate Fee</b> Third G       | roup              | ¢                            | 0.00        | Base Rate Fee Fourt   | h Group   | ¢.               | 0.00   |                      |
| Jase nate i ee iiiiid G            | . Jup             | \$                           | 0.00        | Daso Rate i ee i ouit | Олоир     | \$               | 0.00   |                      |
| Base Rate Fee: Add th              | e <b>base rat</b> | <b>e fees</b> for each subsc | riber group | as shown in the boxes | above.    |                  |        |                      |
| Enter here and in block            |                   |                              | g.oup       |                       |           | \$               |        |                      |

| Name                  | YSTEM ID#<br>007412 | S                              |         |                      |      | E SYSTEM:             | R OF CABL | CABLE ONE, INC.                   |
|-----------------------|---------------------|--------------------------------|---------|----------------------|------|-----------------------|-----------|-----------------------------------|
| 9                     |                     | IBER GROUP<br>SUBSCRIBER GROUP |         | ll .                 | 1    |                       |           | ONE HUNDRED THIRTY-               |
| Computati             | 0                   |                                |         | COMMUNITY/ AREA      | 0    |                       |           | COMMUNITY/ AREA                   |
| of                    | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       | CALL SIGN                         |
| Base Rate             |                     |                                |         |                      |      |                       |           |                                   |
| and                   |                     |                                |         |                      |      |                       |           |                                   |
| Syndicate             |                     | -                              |         |                      |      |                       |           |                                   |
| Exclusivi<br>Surcharg |                     |                                |         |                      |      |                       |           |                                   |
| for                   |                     |                                |         |                      |      |                       |           |                                   |
| Partially             |                     | -                              |         |                      |      |                       |           |                                   |
| Distant               |                     |                                |         |                      |      |                       |           |                                   |
| Stations              |                     | <br>                           |         |                      |      |                       |           |                                   |
|                       |                     |                                |         |                      |      |                       |           |                                   |
|                       |                     |                                |         |                      |      |                       |           |                                   |
|                       |                     |                                |         |                      |      |                       |           |                                   |
|                       |                     | •                              |         |                      |      |                       |           |                                   |
|                       |                     |                                |         |                      |      |                       |           |                                   |
|                       | 0.00                |                                |         | Total DSEs           | 0.00 |                       |           | Total DSEs                        |
|                       | 0.00                | \$                             | d Group | Gross Receipts Secon | 0.00 | \$                    | oup       | Gross Receipts First Gr           |
|                       | 0.00                | \$                             | d Group | Base Rate Fee Second | 0.00 | \$                    | oup       | Base Rate Fee First Gr            |
|                       | JP                  | SUBSCRIBER GROU                | ORTIETH | ONE HUNDRED F        | JP   | SUBSCRIBER GRO        | Y-NINTH   | ONE HUNDRED THIRT                 |
|                       | 0                   |                                |         | COMMUNITY/ AREA      | 0    | H SUBSCRIBER GROUP  0 |           | COMMUNITY/ AREA                   |
|                       |                     |                                |         |                      | 1    | CALL SIGN             | DCE       | CALL SIGN                         |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL GIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | CALL SIGN            | DSE  | CALL SIGN             | DSE       |                                   |
|                       | DSE                 | CALL SIGN                      | DSE     | Total DSEs           | 0.00 | CALL SIGN             | DSE       | Fotal DSEs                        |
|                       |                     | CALL SIGN                      |         |                      |      | \$                    |           | Fotal DSEs Gross Receipts Third G |

| CABLE ONE, INC          |                    | E SYSTEM:            |            |                       |            | S                | 007412 | Name                      |
|-------------------------|--------------------|----------------------|------------|-----------------------|------------|------------------|--------|---------------------------|
| В                       | LOCK A: (          | COMPUTATION OF       | BASE RA    | TE FEES FOR EAC       | H SUBSCR   | RIBER GROUP      |        |                           |
|                         | RTY-FIRST          | SUBSCRIBER GROUP     |            | T .                   |            | SUBSCRIBER GROUP |        | 9                         |
| COMMUNITY/ AREA         |                    |                      | 0          | COMMUNITY/ AREA       |            |                  | 0      | Computation               |
| CALL SIGN               | DSE                | CALL SIGN            | DSE        | CALL SIGN             | DSE        | CALL SIGN        | DSE    | of                        |
|                         |                    |                      |            |                       |            |                  |        | Base Rate Fe              |
|                         |                    |                      |            |                       |            |                  |        | and                       |
|                         |                    |                      |            |                       |            |                  |        | Syndicated<br>Exclusivity |
|                         |                    |                      |            |                       |            |                  |        | Surcharge                 |
|                         |                    |                      |            |                       |            |                  |        | for                       |
|                         |                    |                      |            |                       |            |                  |        | Partially                 |
|                         |                    |                      |            |                       |            |                  |        | Distant                   |
|                         |                    |                      |            |                       |            |                  |        | Stations                  |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    | -                    |            |                       |            | -                |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
| Total DSEs              |                    |                      | 0.00       | Total DSEs            |            |                  | 0.00   |                           |
| Gross Receipts First G  | Group              | \$                   | 0.00       | Gross Receipts Seco   | nd Group   | \$               | 0.00   |                           |
| Base Rate Fee First G   | Group              | \$                   | 0.00       | Base Rate Fee Seco    | nd Group   | \$               | 0.00   |                           |
| ONE HUNDRED FO          | RTY-THIRD          | SUBSCRIBER GROUP     | )          | ONE HUNDRED FOR       | RTY-FOURTH | SUBSCRIBER GROUP | )      |                           |
| COMMUNITY/ AREA         |                    |                      | 0          | COMMUNITY/ AREA       |            |                  | 0      |                           |
| CALL SIGN               | DSE                | CALL SIGN            | DSE        | CALL SIGN             | DSE        | CALL SIGN        | DSE    |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    | -                    | <b></b>    |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    | -                    |            |                       |            |                  |        |                           |
|                         |                    | -                    |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
|                         |                    |                      |            |                       |            |                  |        |                           |
| Total DSEs              |                    |                      | 0.00       | Total DSEs            |            |                  | 0.00   |                           |
| Gross Receipts Third (  | Group              | \$                   | 0.00       | Gross Receipts Four   | th Group   | \$               | 0.00   |                           |
| Dana Data Fan Third     | <b>3</b>           |                      | 0.00       | Base Bate Foe Ferrit  | No. Consum |                  | 0.00   |                           |
| Base Rate Fee Third (   | этоир              | \$                   | 0.00       | Base Rate Fee Fourt   | и отоир    | <b>&gt;</b>      | 0.00   |                           |
| Raco Data Eco. Add 4    | ne <b>hooe</b> ref | o foos for each sub- | oribor ara | as shown in the have- | ahovo      |                  |        |                           |
| Enter here and in block |                    |                      | nnei group | as shown in the boxes | above.     | \$               |        |                           |

| Name             | 007412 | S                              |           |  |      |                                 | (OI OADL | LEGAL NAME OF OWNER CABLE ONE, INC. |
|------------------|--------|--------------------------------|-----------|--|------|---------------------------------|----------|-------------------------------------|
|                  |        | IBER GROUP<br>SUBSCRIBER GROUP |           | TE FEES FOR EACH                           |      | COMPUTATION OF SUBSCRIBER GROUP |          |                                     |
| 9<br>Computati   | 0      |                                |           | COMMUNITY/ AREA                            | 0    |                                 |          | COMMUNITY/ AREA                     |
| of               | DSE    | CALL SIGN                      | DSE       | CALL SIGN                                  | DSE  | CALL SIGN                       | DSE      | CALL SIGN                           |
| Base Rate I and  |        |                                |           |  | •    |                                 |          |                                     |
| Syndicate        |        |                                |           |  |      |                                 |          |                                     |
| Exclusivi        |        |                                |           |  |      |                                 |          |                                     |
| Surcharg         |        |                                |           |  |      |                                 |          |                                     |
| for<br>Partially |        |                                |           |  |      |                                 |          |                                     |
| Distant          |        | -                              |           |  |      |                                 | -        |                                     |
| Stations         |        |                                |           |  |      |                                 |          |                                     |
|                  |        |                                |           |  |      |                                 | -        |                                     |
|                  |        |                                |           |  |      |                                 | -        |                                     |
|                  |        |                                |           |  |      |                                 |          |                                     |
|                  |        |                                |           |  | •    |                                 |          |                                     |
|                  | 0.00   |                                |           | Total DSEs                                 | 0.00 |                                 |          | Total DSEs                          |
|                  | 0.00   | \$                             | d Group   | Gross Receipts Secon                       | 0.00 | \$                              | oup      | Gross Receipts First Gr             |
|                  |        |                                |           |  |      |                                 |          |                                     |
|                  | 0.00   | \$                             | d Group   | Base Rate Fee Second                       | 0.00 | \$                              | oup      | Base Rate Fee First Gro             |
|                  |        | \$UBSCRIBER GROUP              |           | ONE HUNDRED FOR                            |      | L                               |          | ONE HUNDRED FORTY-                  |
|                  |        | L                              |           |  | J    | L                               |          | ONE HUNDRED FORTY-                  |
|                  |        | L                              |           | ONE HUNDRED FOR                            |      | L                               |          | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-COMMUNITY/ AREA   |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-                  |
|                  | 0      | SUBSCRIBER GROUP               | TY-EIGHTH | ONE HUNDRED FOR COMMUNITY/ AREA            | 0    | SUBSCRIBER GROUP                | SEVENTH  | ONE HUNDRED FORTY-COMMUNITY/ AREA   |
|                  | DSE    | SUBSCRIBER GROUP               | DSE       | ONE HUNDRED FOR COMMUNITY/ AREA  CALL SIGN | DSE  | SUBSCRIBER GROUP                | DSE      | ONE HUNDRED FORTY-                  |

|                       | O07412 | 31              |          |                                  |          | E SYSTEM:      | R OF CABL   | CABLE ONE, INC.                   |
|-----------------------|--------|-----------------|----------|----------------------------------|----------|----------------|-------------|-----------------------------------|
|                       | ID     |                 |          | TE FEES FOR EACH                 |          |                |             |                                   |
| 9                     | 0      | SUBSCRIBER GROU | ririiEIH | COMMUNITY/ AREA                  | <b>0</b> | SUBSURIBER GRU | r-iviiv i H | ONE HUNDRED FORT                  |
| Computati<br>of       | DSE    | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE         | CALL SIGN                         |
| Base Rate             |        |                 |          |                                  |          |                |             |                                   |
| and                   |        | <b>-</b>        |          |                                  |          |                |             |                                   |
| Syndicate             |        |                 |          |                                  |          |                |             |                                   |
| Exclusivi<br>Surcharg |        |                 |          |                                  |          |                |             |                                   |
| for                   |        | -               |          |                                  |          | -              |             |                                   |
| Partially             |        |                 |          |                                  |          |                |             |                                   |
| Distant               |        |                 |          |                                  |          |                |             |                                   |
| Stations              |        |                 |          |                                  |          | -              |             |                                   |
|                       |        |                 |          |                                  |          | -              |             |                                   |
|                       |        |                 |          |                                  |          | -              |             |                                   |
|                       |        |                 |          |                                  |          | -              |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       | 0.00   | -               |          | Total DSEs                       | 0.00     |                |             | Total DSEs                        |
|                       | 0.00   | \$              | d Group  | Gross Receipts Second            | 0.00     | \$             | oup         | Gross Receipts First Gr           |
|                       | 0.00   | \$              | d Group  | Base Rate Fee Second             | 0.00     | \$             | oup         | Base Rate Fee First Gr            |
|                       | IP     | SUBSCRIBER GROU | -SECOND  | ONE HUNDRED FIFTY                | JP       | SUBSCRIBER GRO | TY-FIRST    | ONE HUNDRED FIFT                  |
|                       | 0      |                 |          | COMMUNITY/ AREA                  | 0        |                |             | COMMUNITY/ AREA                   |
|                       | DSE    | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE         | CALL SIGN                         |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       |        |                 |          |                                  |          |                |             |                                   |
|                       | 0.00   |                 |          | Total DSEs                       | 0.00     |                |             | Total DSEs                        |
|                       | 0.00   | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00     | \$             | roup        | Total DSEs Gross Receipts Third G |

|                | YSTEM ID#<br>007412 |                 |          |                                  |                  | L STOTEM.       | R OF CABL    | CABLE ONE, INC.                  |
|----------------|---------------------|-----------------|----------|----------------------------------|------------------|-----------------|--------------|----------------------------------|
|                |                     | IBER GROUP      | SUBSCR   | TE FEES FOR EACH                 | BASE RA          | COMPUTATION OF  | OCK A: C     | BL                               |
| 0              | JP                  | SUBSCRIBER GROU | -FOURTH  | ONE HUNDRED FIFTY                | JP               | SUBSCRIBER GROU | Y-THIRD      | ONE HUNDRED FIFT                 |
| 9<br>Computati | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 |              | COMMUNITY/ AREA                  |
| of             | DSE                 | CALL SIGN       | DSE      | CALL SIGN                        | DSE              | CALL SIGN       | DSE          | CALL SIGN                        |
| Base Rate      |                     |                 |          | 0.122.570                        |                  | 0.122           |              |                                  |
| and            |                     |                 |          |                                  |                  |                 |              |                                  |
| Syndicate      |                     | +               |          |                                  |                  |                 |              |                                  |
| Exclusivi      |                     | +               |          |                                  |                  |                 |              |                                  |
| Surcharg       |                     | -               |          |                                  |                  |                 |              |                                  |
| for            |                     |                 |          |                                  |                  | -               | -            |                                  |
| Partially      |                     |                 |          |                                  |                  | -               | -            |                                  |
| Distant        |                     |                 |          |                                  |                  |                 | -            |                                  |
| Stations       |                     |                 |          |                                  |                  |                 | -            |                                  |
|                |                     |                 |          |                                  |                  |                 | -            |                                  |
|                |                     |                 |          |                                  |                  |                 |              |                                  |
|                |                     |                 |          |                                  |                  |                 |              |                                  |
|                |                     |                 |          |                                  |                  |                 |              |                                  |
|                |                     |                 |          |                                  |                  |                 |              |                                  |
|                |                     |                 |          |                                  |                  |                 |              |                                  |
|                | 0.00                |                 |          | Total DSEs                       | 0.00             |                 |              | Total DSEs                       |
|                | 0.00                | \$              | d Group  | Gross Receipts Second            | 0.00             | \$              | oup          | Gross Receipts First Gr          |
|                |                     |                 |          |                                  |                  |                 |              |                                  |
|                | 0.00                | \$              | d Group  | Base Rate Fee Second             | 0.00             | \$              | oup          | Base Rate Fee First Gr           |
|                |                     |                 |          |                                  |                  |                 | •            |                                  |
|                | JP                  | SUBSCRIBER GROU | TY-SIXTH | ONE HUNDRED FIF                  | JP               | SUBSCRIBER GROU |              | ONE HUNDRED FIF                  |
|                | JP 0                | SUBSCRIBER GROU | TY-SIXTH | ONE HUNDRED FIF                  | JP <b>0</b>      | SUBSCRIBER GROU |              |                                  |
|                |                     | SUBSCRIBER GROU | TY-SIXTH |                                  |                  | SUBSCRIBER GROU |              |                                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | COMMUNITY/ AREA                  |
|                | 0                   |                 |          | COMMUNITY/ AREA                  | 0                |                 | Y-FIFTH      | CALL SIGN                        |
|                | 0<br>DSE            | CALL SIGN       | DSE      | CALL SIGN  CALL SIGN  Total DSEs | 0<br>DSE<br>0.00 | CALL SIGN       | Y-FIFTH  DSE | CALL SIGN  CALL SIGN  Fotal DSEs |
|                | DSE                 |                 | DSE      | CALL SIGN                        | DSE              |                 | Y-FIFTH  DSE | COMMUNITY/ AREA                  |

|                      | YSTEM ID#<br>007412 | J               |           |                                  |          |                   | R OF CABL    | CABLE ONE, INC.                             |
|----------------------|---------------------|-----------------|-----------|----------------------------------|----------|-------------------|--------------|---|
| 9                    | 0                   | IBER GROUP      |           | TE FEES FOR EACH ONE HUNDRED FIF |          |                   |              | BL<br>ONE HUNDRED FIFTY-<br>COMMUNITY/ AREA |
| Computati            |                     |                 |           | COMMONT IT AIREA                 |          |                   |              | COMMONT IT AILEA                            |
| of                   | DSE                 | CALL SIGN       | DSE       | CALL SIGN                        | DSE      | CALL SIGN         | DSE          | CALL SIGN                                   |
| Base Rate            |                     | -               |           |                                  |          |                   |              |   |
| and                  |                     | <b>-</b>        |           |                                  |          |                   |              |   |
| Syndicate            |                     |                 |           |                                  |          |                   |              |   |
| Exclusivi            |                     |                 |           |                                  |          |                   |              |   |
| Surcharg             |                     |                 |           |                                  |          | -                 |              |   |
| for                  |                     |                 |           |                                  |          |                   |              |   |
| Partially<br>Distant |                     | -               |           |                                  |          |                   |              |   |
| Stations             |                     | -               |           |                                  |          |                   |              |   |
| Gtations             |                     | -               |           |                                  |          |                   |              |   |
|                      |                     |                 |           |                                  |          |                   |              |   |
|                      |                     | -               |           |                                  |          | -                 |              |   |
|                      |                     | H               |           |                                  |          |                   |              |   |
|                      |                     |                 |           |                                  |          |                   |              |   |
|                      |                     |                 |           |                                  |          |                   |              |   |
|                      | 0.00                |                 |           | Total DSEs                       | 0.00     |                   |              | Fotal DSEs                                  |
|                      | 0.00                | \$              | d Group   | Gross Receipts Second            | 0.00     | \$                | nun          | Gross Receipts First Gr                     |
|                      | 0.00                | <u>*</u>        | а Огоар   | Gross Rescipts Sessin            | <u> </u> |                   | Sup          | orosa recoupts i mat Gr                     |
|                      | 0.00                | \$              | d Group   | Base Rate Fee Second             | 0.00     | \$                | oup          | Base Rate Fee First Gr                      |
|                      | 15                  | SUBSCRIBER GROU | SIXTIETH  | ONE HUNDBED                      | ID       | SUBSCRIBER GROU   | V NIINITLI   | ONE HUNDRED FIFT                            |
|                      | JP                  |                 | OIXTILTTI | ONE HUNDRED                      | JI       | COBCOTTIBLIT CITO | T-IVIIVI I   |   |
|                      | 0                   |                 | OIXTILITI | COMMUNITY/ AREA                  | 0        |                   | T-INIIN I IT |   |
|                      |                     | CALL SIGN       | DSE       |                                  |          | CALL SIGN         | DSE          | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | COMMUNITY/ AREA                             |
|                      | 0                   |                 |           | COMMUNITY/ AREA                  | 0        |                   |              | CALL SIGN                                   |
|                      | DSE                 |                 | DSE       | CALL SIGN                        | DSE      |                   | DSE          | COMMUNITY/ AREA                             |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name  | CABLE ONE, INC.  | 007412  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of<br>Base Rate Fee                                  | ☐ First 50 major television market  INSTRUCTIONS:  | ☐ Second 50 major television market   |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations | Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the step 4. | for the VHF Grade B contour stations that were classified as er zero.  of DSEs used to compute the surcharge.                                       |
|   | FIRST SUBSCRIBER GROUP   | SECOND SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | THIRD SUBSCRIBER GROUP   | FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

FORM SA3E. PAGE 20.

| Name                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.   | SYSTEM ID#   |
|---------------------------|---|--|
|                           | ,   | 007412   |
|                           |   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                        |
| 9                         | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation of            | ☐ First 50 major television market  | Second 50 major television market                                |
| Base Rate Fee             | INSTRUCTIONS:   |  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for comme  | rcial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity | 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     |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none en   |  |
| for<br>Partially          | <ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li><li>Step 4: Compute the surcharge for each subscriber group using the</li></ul>                               | ,  |
| Distant<br>Stations       |   | ures applicable to the particular group. You do not need to show |
|                           | FIFTH SUBSCRIBER GROUP  | SIXTH SUBSCRIBER GROUP   |
|                           | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                       |
|                           | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                    |
|                           | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                              |
|                           | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the total number of DSEs for             |
|                           | this subscriber group   | this subscriber group  |
|                           | subject to the surcharge  | subject to the surcharge   |
|                           | computation   | computation  |
|                           | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|                           | SURCHARGE First Group   | SURCHARGE Second Group   |
|                           | SEVENTH SUBSCRIBER GROUP  | EIGHTH SUBSCRIBER GROUP  |
|                           | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                       |
|                           | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                    |
|                           | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                              |
|                           | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the total number of DSEs for             |
|                           | this subscriber group   | this subscriber group  |
|                           | subject to the surcharge computation  | subject to the surcharge computation                             |
|                           |   |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE                                 |
|                           | Third Group   | Fourth Group   |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|                           |   |  |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID   |
|---|--|
| Name  | CABLE ONE, INC. 00741  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| <b>9</b> Computation of Base Rate Fee                               | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations | <ul> <li>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.</li> <li>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.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |
|   | NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  |
|   | ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   |
|   |  |

FORM SA3E. PAGE 20.

| Nama                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name                                    | CABLE ONE, INC.  | 007412  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                       | If your cable system is located within a top 100 television market and t Syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of<br>Base Rate Fee      |  | ☐ Second 50 major television market   |
| and                                     | INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commen  | rcial VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group to Exempt DSEs in block C, part 7 of this schedule. If none entities the schedule is the schedule of the schedule.  |   |
| for<br>Partially<br>Distant<br>Stations | Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form. |   |
|   | THIRTEENTH SUBSCRIBER GROUP  | FOURTEENTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | FIFTEENTH SUBSCRIBER GROUP   | SIXTEENTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

FORM SA3E. PAGE 20.

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  | SYSTEM ID#<br>007412   |
|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SUF   |  |
| 9  | If your cable system is located within a top 100 television market and the station i Syndicated Exclusivity Surcharge. Indicate which major television market any por by section 76.5 of FCC rules in effect on June 24, 1981:   | s not exempt in Part 7, you mus also compute a   |
| Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations | □ First 50 major television market □ Second  INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF G this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF 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 use Step 4: Compute the surcharge for each subscriber group using the formula out schedule. In making this computation, use gross receipts figures applicated your actual calculations on this form. | Grade B contour stations that were classified as ed to compute the surcharge. lined in block D, section 3 or 4 of part 7 of this |
|  | SEVENTEENTH SUBSCRIBER GROUP   | EIGHTEENTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Enter the VHF DSEs   |
|  | total number of DSEs for this subscriber group subject to the surcharge computation  | iber group as shown  |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#   |
|---|--|
| Name  | CABLE ONE, INC. 007412   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9<br>Computation  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |
| of<br>Base Rate Fee   | ☐ First 50 major television market ☐ Second 50 major television market ☐ INSTRUCTIONS:   |
| and   | 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  |
| Syndicated Exclusivity Surcharge for Partially Distant Stations | 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. |
|   | TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP   |
|   | TWENTT-FIRST SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |
|   | First Group  |
|   | TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
|   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group\$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |
|   |  |

FORM SA3E. PAGE 20.

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  0074  |
|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    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. |
|  | TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE First Group   |
|  | TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name  | CABLE ONE, INC.  | 007412  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television market system 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated | First 50 major television market  INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.  | ☐ Second 50 major television market rcial VHF Grade B contour stations listed in block A, part 9 of   |
| Exclusivity Surcharge for Partially Distant Stations    | Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form. | er zero.<br>of DSEs used to compute the surcharge.  |
|   | TWENTY-NINTH SUBSCRIBER GROUP  | THIRTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$   |
|   | THIRTY-FIRST SUBSCRIBER GROUP  | THIRTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge             |
|   | computation  | syndicated exclusivity Surcharge Fourth Group  syndicated exclusivity surcharge \$  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

FORM SA3E. PAGE 20.

| Marra                                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name                                    | CABLE ONE, INC.  | 007412  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                       | If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of<br>Base Rate Fee      | First 50 major television market  INSTRUCTIONS:  | Second 50 major television market   |
| and<br>Syndicated                       | Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule.   | rcial VHF Grade B contour stations listed in block A, part 9 of   |
| Exclusivity Surcharge                   | Step 2: In line 2, give the total number of DSEs by subscriber group f Exempt DSEs in block C, part 7 of this schedule. If none enter  |   |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the factorial schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> |   |
|   | THIRTY-THIRD SUBSCRIBER GROUP  | THIRTY-FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | THIRTY-FIFTH SUBSCRIBER GROUP  | THIRTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs.  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

FORM SA3E. PAGE 20.

| 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 mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    Computation of Base Rate Fee and Syndicated Exclusivity Surcharge   First 50 major television market   Second 50 major television market   |
|--|
| If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    First 50 major television market   Second 50 major television market   |
| 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:    Second 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.  |
| Sease Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations   Step 2: In line 2, give the total number of 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.    THIRTY-SEVENTH SUBSCRIBER GROUP   THIRTY-EIGHTH SUBSCRIBER GROUP    Line 1: Enter the VHF DSEs   Line 2: Enter the Exempt DSEs    Line 2: Enter the Exempt DSEs   Line 2: Enter the Exempt DSEs    Line 3: Subtract line 2 from line 1   and enter here. This is the total number of DSEs for this subscriber group   subject to the surcharge   computation   -   |
| 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.   |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  Step 3: 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.  THIRTY-SEVENTH SUBSCRIBER GROUP  THIRTY-EIGHTH SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
| 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.  THIRTY-SEVENTH SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
| Surcharge for Partially Distant Stations  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.  THIRTY-SEVENTH SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
| 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.  THIRTY-SEVENTH SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |
| 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.  THIRTY-SEVENTH SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |
| THIRTY-SEVENTH SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  |
| Line 1: Enter the VHF DSEs   |
| Line 1: Enter the VHF DSEs   |
| Line 1: Enter the VHF DSEs   |
| Line 1: Enter the VHF DSEs   |
| Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |
| Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
| and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
| total number of DSEs for this subscriber group subject to the surcharge computation  |
| this subscriber group subject to the surcharge computation   |
| computation  |
|  |
| SYNDICATED EYELLISIVITY  |
|  |
| SURCHARGE First Group  |
|  |
| THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  |
| Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |
| Line 2: Enter the Exempt DSEs  |
| Line 3: Subtract line 2 from line 1  and enter here. This is the  Line 3: Subtract line 2 from line 1  and enter here. This is the   |
| 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 SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE  |
| Third Group \$ Fourth Group \$   |
|  |
| CVAIDICATED EVOLUCIVITY CUIDCUADOE. Add the complement for each coloration are an annual control of the complement of th |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown   |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |
| in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |

FORM SA3E. PAGE 20.

| Nama                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|------------------------------------|--|---|
| Name                               | CABLE ONE, INC. 007412   |   |
|                                    | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of<br>Base Rate Fee | First 50 major television market  INSTRUCTIONS:  | Second 50 major television market   |
| and<br>Syndicated                  | Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule.   |   |
| Exclusivity<br>Surcharge<br>for    | Step 2: In line 2, give the total number of DSEs by subscriber group f  Exempt DSEs in block C, part 7 of this schedule. If none enter  Step 3: In line 3, subtract line 3 from line 1. This is the total number of  | er zero.  |
| Partially<br>Distant<br>Stations   | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |   |
|                                    | FORTY-FIRST SUBSCRIBER GROUP   | FORTY-SECOND SUBSCRIBER GROUP   |
|                                    | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|                                    | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$   |
|                                    | FORTY-THIRD SUBSCRIBER GROUP   | FORTY-FOURTH SUBSCRIBER GROUP   |
|                                    | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|                                    | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$   |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|                                    |  |   |

FORM SA3E. PAGE 20.

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  90741  |  |
|--|---|--|
| _  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    First 50 major television market   Second 50 major television market     Second 50 major television market     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. |  |
| Partially<br>Distant<br>Stations   | 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.   |  |
|  | FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP   |  |
|  | Line 1: Enter the VHF DSEs  |  |
|  | Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |  |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC   |   |
|---|--|---|
| Name  | CABLE ONE, INC.  | 007412  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of<br>Base Rate Fee                                  | INSTRUCTIONS:  | Second 50 major television market   |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations | <ul> <li>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.</li> <li>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.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |   |
|   | FORTY-NINTH SUBSCRIBER GROUP   | FIFTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHE DSEs   | Line 1: Enter the VHE DSEc  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | FIFTY-FIRST SUBSCRIBER GROUP   | FIFTY-SECOND SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

FORM SA3E. PAGE 20.

| Nama                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|------------------------------------|--|---|
| Name                               | CABLE ONE, INC. 007412   |   |
|                                    | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                       |
| 9                                  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation<br>of<br>Base Rate Fee | ☐ First 50 major television market INSTRUCTIONS:   | Second 50 major television market                               |
| and                                | Step 1: In line 1, give the total DSEs by subscriber group for comme   | rcial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated<br>Exclusivity          | this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group   |   |
| Surcharge<br>for                   | 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.  |   |
| Partially<br>Distant               | 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   |   |
| Stations                           | your actual calculations on this form.   |   |
|                                    | FIFTY-THIRD SUBSCRIBER GROUP   | FIFTY-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 total number of DSEs for   | and enter here. This is the total number of DSEs for            |
|                                    | this subscriber group  | this subscriber group   |
|                                    | subject to the surcharge computation   | subject to the surcharge computation                            |
|                                    | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                                    | SURCHARGE  | SURCHARGE   |
|                                    | First Group  | Second Group  |
|                                    | FIFTY-FIFTH SUBSCRIBER GROUP   | FIFTY-SIXTH SUBSCRIBER GROUP                                    |
|                                    | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |
|                                    | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |
|                                    | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1 and enter here. This is the |
|                                    | total number of DSEs for   | total number of DSEs for  |
|                                    | this subscriber group subject to the surcharge   | this subscriber group subject to the surcharge                  |
|                                    | computation  | computation   |
|                                    | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                                    | SURCHARGE Third Group  | SURCHARGE Fourth Group  |
|                                    | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|                                    |  |   |
|                                    |  |   |
|                                    |  |   |
|                                    |  |   |
|                                    |  |   |
|                                    |  |   |

FORM SA3E. PAGE 20.

| Nama                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name                                    | CABLE ONE, INC.  | 007412  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                       | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation of                          |  | Second 50 major television market   |
| Base Rate Fee<br>and                    | INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commer  | rcial VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group f  Exempt DSEs in block C, part 7 of this schedule. If none enter   |   |
| for<br>Partially<br>Distant<br>Stations | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |   |
|   | FIFTY-SEVENTH SUBSCRIBER GROUP   | FIFTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | FIFTY-NINTH SUBSCRIBER GROUP   | SIXTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

FORM SA3E. PAGE 20.

| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---|--|--|
|   | CABLE ONE, INC.  | 007412   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                                       | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation of                          | ☐ First 50 major television market   | Second 50 major television market                                |
| Base Rate Fee                           | INSTRUCTIONS:  |  |
| and                                     | Step 1: In line 1, give the total DSEs by subscriber group for comme   | ercial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated<br>Exclusivity               | 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     |
| Surcharge                               | Exempt DSEs in block C, part 7 of this schedule. If none en  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |  |
|   | SIXTY-FIRST SUBSCRIBER GROUP   | SIXTY-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<br>this subscriber group  | total number of DSEs for<br>this subscriber group                |
|   | subject to the surcharge   | subject to the surcharge   |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE First Group  | SURCHARGE Second Group   |
|   |  |  |
|   | SIXTY-THIRD SUBSCRIBER GROUP   | SIXTY-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 total number of DSEs for   | and enter here. This is the total number of DSEs for             |
|   | this subscriber group  | this subscriber group  |
|   | subject to the surcharge computation   | subject to the surcharge computation                             |
|   |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                 |
|   | Third Group  | Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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FORM SA3E. PAGE 20.

| Nama                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name                                    | CABLE ONE, INC. 007412   |   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9                                       | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of<br>Base Rate Fee      |  | Second 50 major television market   |
| and                                     | INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commer  | rcial VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group f Exempt DSEs in block C, part 7 of this schedule. If none ente   |   |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |   |
|   | SIXTY-FIFTH SUBSCRIBER GROUP   | SIXTY-SIXTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | SIXTY-SEVENTH SUBSCRIBER GROUP   | SIXTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |  |   |

FORM SA3E. PAGE 20.

| Nama  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---|--|--|
| Name  | CABLE ONE, INC. 007412   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of<br>Base Rate Fee  | First 50 major television market  INSTRUCTIONS:  | Second 50 major television market  |
| Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block 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 of 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not your actual calculations on this form. |  | or the VHF Grade B contour stations that were classified as er zero.  If DSEs used to compute the surcharge.  To be a compute the surcharge or 10 or 1 |
|   | CIVITY MINITH CHIPCODIDED CDOUD  | CEVENTIETH CHROODIDED CDOUD  |
|   | SIXTY-NINTH SUBSCRIBER GROUP   | SEVENTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |
|   | SEVENTY-FIRST SUBSCRIBER GROUP   | SEVENTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |  |
|   |  |  |

FORM SA3E. PAGE 20.

| Nama                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---------------------------|--|--|
| Name                      | CABLE ONE, INC. 007412   |  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                            |
| 9                         | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television marby section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation of            | ☐ First 50 major television market   | Second 50 major television market                                    |
| Base Rate Fee             | INSTRUCTIONS:  |  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for comme   | rcial VHF Grade B contour stations listed in block A, part 9 of      |
| Syndicated<br>Exclusivity | 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        |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none ent   |  |
| for                       | Step 3: In line 3, subtract line 2 from line 1. This is the total number of  | · ·  |
| Partially<br>Distant      | 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 |  |
| Stations                  | your actual calculations on this form.   | area applicable to the particular group. For the first floor to show |
|                           |  |  |
|                           |  |  |
|                           | SEVENTY-THIRD SUBSCRIBER GROUP   | SEVENTY-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 total number of DSEs for   | and enter here. This is the total number of DSEs for                 |
|                           | this subscriber group  | this subscriber group  |
|                           | subject to the surcharge   | subject to the surcharge   |
|                           | computation  | computation  |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                           | SURCHARGE First Group  | SURCHARGE Second Group   |
|                           |  |  |
|                           | SEVENTY-FIFTH SUBSCRIBER GROUP   | SEVENTY-SIXTH SUBSCRIBER GROUP                                       |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1 and enter here. This is the      |
|                           | and enter here. This is the total number of DSEs for   | total number of DSEs for   |
|                           | this subscriber group  | this subscriber group  |
|                           | subject to the surcharge computation   | subject to the surcharge computation                                 |
|                           |  |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                     |
|                           | Third Group  | Fourth Group   |
|                           |  |  |
|                           | CVAIDICATED EVOLUCIVITY CUIDCUADOE: Add the suitable area for  |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for $\epsilon$ in the boxes above. Enter here and in block 4, line 2 of space L (page  | 7)   |
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FORM SA3E. PAGE 20.

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.   | SYSTEM ID#<br>007412   |
|--|---|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:  First 50 major television market  INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for comment this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter this schedule is substract line 2 from line 1. This is the total number of Step 3: In line 3, subtract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. This is the total number of the schedule is substract line 2 from line 1. | the station is not exempt in Part 7, you mus also compute a ket any portion of your cable system is located in as defined  Second 50 major television market ricial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as er zero. of DSEs used to compute the surcharge. |
| Partially<br>Distant<br>Stations   | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.  | ures applicable to the particular group. You do not need to show   |
|  | SEVENTY-SEVENTH SUBSCRIBER GROUP  | SEVENTY-EIGHTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group   | Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group  |
|  | subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE First Group  | subject to the surcharge computation   |
|  | SEVENTY-NINTH SUBSCRIBER GROUP  | EIGHTIETH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|  |   |  |

FORM SA3E. PAGE 20.

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
|--|---|---|
| Name   | CABLE ONE, INC. 007412  |   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of<br>Base Rate Fee<br>and  | INSTRUCTIONS:   | Second 50 major television market   |
| syndicated Exclusivity Surcharge for Partially Distant Stations  | 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 classifi 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 the schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need |   |
|  | EIGHTY-FIRST SUBSCRIBER GROUP   | EIGHTY-SECOND SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$   |
|  | EIGHTY-THIRD SUBSCRIBER GROUP   | EIGHTY-FOURTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) |   |   |
|  |   |   |

FORM SA3E. PAGE 20.

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.   | SYSTEM ID#<br>007412   |
|--|---|--|
| _  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV   | /ITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| G<br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:    First 50 major television market   INSTRUCTIONS:   Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.   Step 2: In line 2, give the total number of DSEs by subscriber group for commerce the schedule of | ne station is not exempt in Part 7, you mus also compute a let any portion of your cable system is located in as defined  Second 50 major television market  Cial VHF Grade B contour stations listed in block A, part 9 of lor the VHF Grade B contour stations that were classified as |
| for<br>Partially<br>Distant<br>Stations  | 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.  |  |
|  | EIGHTY-FIFTH SUBSCRIBER GROUP   | EIGHTY-SIXTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs  | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|  | EIGHTY-SEVENTH SUBSCRIBER GROUP   | EIGHTY-EIGHTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |  |
|  |   |  |

FORM SA3E. PAGE 20.

| Nama                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |
|---------------------------|--|--|--|
| Name                      | CABLE ONE, INC. 007412   |  |  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |  |  |
| Computation of            | ☐ First 50 major television market ☐ Second 50 major television market   |  |  |
| Base Rate Fee             | INSTRUCTIONS:  |  |  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for comme   | ercial VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated<br>Exclusivity | 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     |  |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none ent   |  |  |
| for<br>Partially          | 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   |  |  |
| Distant                   | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show   |  |  |
| Stations                  | your actual calculations on this form.   |  |  |
|                           |  |  |  |
|                           |  | 1  |  |
|                           | EIGHTY-NINTH SUBSCRIBER GROUP  | NINETIETH SUBSCRIBER GROUP                                       |  |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                       |  |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                    |  |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                              |  |
|                           | and enter here. This is the total number of DSEs for   | and enter here. This is the total number of DSEs for             |  |
|                           | this subscriber group  | this subscriber group  |  |
|                           | subject to the surcharge   | subject to the surcharge   |  |
|                           | computation  | computation  |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                 |  |
|                           | First Group  | Second Group\$   |  |
|                           |  |  |  |
|                           | NINETY-FIRST SUBSCRIBER GROUP  | NINETY-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 computation   | subject to the surcharge computation                             |  |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |
|                           | SURCHARGE  | SURCHARGE  |  |
|                           | Third Group  | Fourth Group   |  |
|                           |  |  |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   | each subscriber group as shown                                   |  |
|                           |  |  |  |
|                           |  |  |  |
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|                           |  |  |  |
|                           |  |  |  |

FORM SA3E. PAGE 20.

|   | CABLE ONE, INC.  SYSTEM ID:  007412  |   |
|---|--|---|
| Name  |  |   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| <b>9</b> Computation of   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    First 50 major television market   Second 50 major television market |   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |   |
|   | NINETY-THIRD SUBSCRIBER GROUP NINETY-FOURTH SUBSCRIBER GROUP   |   |
|   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs   |   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | _ |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ \$  |   |
|   | NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP  |   |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |   |
|   | Line 2: Enter the Exempt DSEs.  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group\$  SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$  |   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |   |

FORM SA3E. PAGE 20.

| CARLE ONE INC  |  |  |
|--|--|--|
| CABLE ONE, INC. 007412   |  |  |
| 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 mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| First 50 major television market Second 50 major television market   |  |  |
| 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. |  |  |
| NINETY-SEVENTH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP   |  |  |
|  |  |  |
| Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |  |  |
| Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |  |  |
|  |  |  |
| NINETY-NINTH SUBSCRIBER GROUP  ONE HUNDREDTH SUBSCRIBER GROUP  |  |  |
| Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |  |  |
| Line 2: Enter the Exempt DSEs.  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge  Line 2: Enter the Exempt DSEs.  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge   |  |  |
| computation computation  |  |  |
| SYNDICATED EXCLUSIVITY SURCHARGE Third Group   |  |  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |  |
|  |  |  |

FORM SA3E. PAGE 20.

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  007412  |  |
|--|--|--|
|  |  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | 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 mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    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. |  |
|  | ONE HUNDERED FIRST SUBSCRIBER GROUP  ONE HUNDERED SECOND SUBSCRIBER GROUP  |  |
|  |  |  |
|  | Line 1: Enter the VHF DSEs   |  |
|  | total number of DSEs for this subscriber group subject to the surcharge computation  |  |

FORM SA3E. PAGE 20.

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  00741   |  |
|---|--|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| <b>9</b> Computation of   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>☐ First 50 major television market</li> <li>☐ Second 50 major television market</li> <li>INSTRUCTIONS:</li> <li>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.</li> <li>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.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |  |
|   | ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP  |  |
|   | ONE HUNDRED FIFTH SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1     and enter here. This is the     total number of DSEs for     this subscriber group     subject to the surcharge     computation   |  |
|   | and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE Third Group.  SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7).   |  |

FORM SA3E. PAGE 20.

| Nama                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                                 |  |
|---|--|--|--|
| Name                                    | CABLE ONE, INC. 007412   |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9                                       | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation of                          | ☐ First 50 major television market ☐ Second 50 major television market   |  |  |
| Base Rate Fee and                       | INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B cor  | tour stations listed in block A. part 9 of |  |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.  Step 2: In line 2, give the total DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |  |  |
|   | ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUN   | DRED TENTH SUBSCRIBER GROUP                |  |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the V   | HF DSEs                                    |  |
|   |  | xempt DSEs                                 |  |
|   | total number of DSEs for total number this subscriber group this subscriber subject to the surcharge subject to the  | nere. This is the<br>er of DSEs for        |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE SYNDICATED EXC  | · · · · · · · · · · · · · · · · · · ·      |  |
|   | ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUND   | RED TWELVTH SUBSCRIBER GROUP               |  |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the V   | HF DSEs                                    |  |
|   | Line 2: Enter the Exempt DSEs Line 2: Enter the E  | xempt DSEs                                 |  |
|   | total number of DSEs for total number this subscriber group this subscriber subject to the surcharge subject to t  | nere. This is the<br>er of DSEs for        |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | CLUSIVITY                                  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  |  |  |
|   |  |  |  |

FORM SA3E. PAGE 20.

| Name                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID:   |   |  |
|---------------------------|--|---|--|
| Name                      | CABLE ONE, INC. 007412   |   |  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |  |
| Computation of            | ☐ First 50 major television market ☐ Second 50 major television market   |   |  |
| Base Rate Fee             | INSTRUCTIONS:  |   |  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for comme   | rcial VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated<br>Exclusivity | 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    |  |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |   |  |
| for<br>Partially          | 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   |   |  |
| Distant                   | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show   |   |  |
| Stations                  | your actual calculations on this form.   |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP  | ONE HUNDRED FOURTEENTH 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 subject to the surcharge   | this subscriber group subject to the surcharge                  |  |
|                           | computation  | computation   |  |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|                           | SURCHARGE  | SURCHARGE   |  |
|                           | First Group  | Second Group  |  |
|                           | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP                          |  |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |  |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |  |
|                           | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1 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 computation   | subject to the surcharge computation                            |  |
|                           |  |   |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                |  |
|                           | Third Group  | Fourth Group  |  |
|                           |  |   |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e  | each subscriber group as shown                                  |  |
|                           | in the boxes above. Enter here and in block 4, line 2 of space L (page   | 7)  |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |

FORM SA3E. PAGE 20.

| Nama                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID:   |   |  |
|---------------------------|--|---|--|
| Name                      | CABLE ONE, INC. 007412   |   |  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |  |
| Computation of            | ☐ First 50 major television market ☐ Second 50 major television market   |   |  |
| Base Rate Fee             | INSTRUCTIONS:  |   |  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for comme   | rcial VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated<br>Exclusivity | 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    |  |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none ent   | er zero.  |  |
| for<br>Partially          | 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   |   |  |
| Distant                   | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show   |   |  |
| Stations                  | your actual calculations on this form.   |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP   | ONE HUNDRED EIGHTEENTH 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group               |  |
|                           | subject to the surcharge   | subject to the surcharge  |  |
|                           | computation  | computation   |  |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|                           | SURCHARGE  | SURCHARGE   |  |
|                           | First Group  | Second Group  |  |
|                           | ONE HUNDRED NINTEENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP                          |  |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |  |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |  |
|                           | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1 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 computation   | subject to the surcharge computation                            |  |
|                           |  |   |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                |  |
|                           | Third Group  | Fourth Group  |  |
|                           |  |   |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e  | each subscriber group as shown                                  |  |
|                           | in the boxes above. Enter here and in block 4, line 2 of space L (page   | 7)  |  |
|                           |  | · <del></del>   |  |
|                           |  |   |  |
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|                           |  |   |  |

FORM SA3E. PAGE 20.

| N                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID:   |   |  |
|----------------------|--|---|--|
| Name                 | CABLE ONE, INC. 007412   |   |  |
|                      | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| <b>9</b> Computation | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |  |
| of                   | ☐ First 50 major television market ☐ Second 50 major television market   |   |  |
| Base Rate Fee        | INSTRUCTIONS:  |   |  |
| and<br>Syndicated    | Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.  | rcial VHF Grade B contour stations listed in block A, part 9 of |  |
| Exclusivity          | Step 2: In line 2, give the total number of DSEs by subscriber group   | for the VHF Grade B contour stations that were classified as    |  |
| Surcharge            | Exempt DSEs in block C, part 7 of this schedule. If none ent   |   |  |
| for<br>Partially     | 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   |   |  |
| Distant              | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show   |   |  |
| Stations             | your actual calculations on this form.   |   |  |
|                      | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP                      |  |
|                      | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |  |
|                      | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |  |
|                      | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                             |  |
|                      | and enter here. This is the total number of DSEs for   | and enter here. This is the total number of DSEs for            |  |
|                      | this subscriber group  | this subscriber group   |  |
|                      | subject to the surcharge   | subject to the surcharge  |  |
|                      | computation  | computation   |  |
|                      | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|                      | SURCHARGE First Group  | SURCHARGE Second Group\$  |  |
|                      | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP                      |  |
|                      | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |  |
|                      | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |  |
|                      | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1 and enter here. This is the |  |
|                      | total number of DSEs for   | total number of DSEs for  |  |
|                      | this subscriber group subject to the surcharge   | this subscriber group subject to the surcharge                  |  |
|                      | computation  | computation   |  |
|                      | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|                      | SURCHARGE  | SURCHARGE   |  |
|                      | Third Group  | Fourth Group  |  |
|                      | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   | each subscriber group as shown 7)                               |  |
|                      |  |   |  |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID:  |   |
|---|---|---|
| Name  | CABLE ONE, INC. 007412  |   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant | INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for comment this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered the subscriber group is step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the first step 4. | for the VHF Grade B contour stations that were classified as er zero.  of DSEs used to compute the surcharge.                                       |
| Stations  | your actual calculations on this form.  |   |
|   | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$   |
|   | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |   |   |

FORM SA3E. PAGE 20.

| N                         | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:  |   |  |
|---------------------------|--|---|--|
| Name                      | CABLE ONE, INC. 007412   |   |  |
| _                         | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |  |
| Computation of            | ☐ First 50 major television market ☐ Second 50 major television market   |   |  |
| Base Rate Fee             | INSTRUCTIONS:  |   |  |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for comme   | rcial VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated<br>Exclusivity | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group to  | for the VHF Grade B contour stations that were classified as    |  |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enti  |   |  |
| for<br>Partially          | 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   |   |  |
| Distant                   | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show   |   |  |
| Stations                  | your actual calculations on this form.   |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTIETH 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<br>this subscriber group  | total number of DSEs for<br>this subscriber group               |  |
|                           | subject to the surcharge   | subject to the surcharge  |  |
|                           | computation  | computation   |  |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|                           | SURCHARGE  | SURCHARGE   |  |
|                           | First Group  | Second Group  |  |
|                           | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                      |  |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |  |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |  |
|                           | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1 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 computation   | subject to the surcharge computation                            |  |
|                           |  |   |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                |  |
|                           | Third Group  | Fourth Group  |  |
|                           |  |   |  |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e  | each subscriber group as shown                                  |  |
|                           | in the boxes above. Enter here and in block 4, line 2 of space L (page   | 7)  |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |
|                           |  |   |  |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#   |   |  |
|---|--|---|--|
| Name  | CABLE ONE, INC. 007412   |   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |
| Computation<br>of<br>Base Rate Fee            | ☐ First 50 major television market ☐ Second 50 major television market  INSTRUCTIONS:  |   |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>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.</li> <li>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.</li> </ul>   |   |  |
| for<br>Partially<br>Distant<br>Stations       | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |   |  |
|   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |  |
|   | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |  |
|   |  |   |  |

FORM SA3E. PAGE 20.

|                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |  |
|----------------------|---|---|--|
| Name                 | CABLE ONE, INC. 007412  |   |  |
|                      | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |  |
| <b>9</b> Computation | 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: |   |  |
| of                   | ☐ First 50 major television market  | Second 50 major television market                               |  |
| Base Rate Fee        | INSTRUCTIONS:   | · · · · · · · · · · · · · · ·                                   |  |
| and                  | Step 1: In line 1, give the total DSEs by subscriber group for commerce   | cial VHF Grade B contour stations listed in block A, part 9 of  |  |
| Syndicated           | this schedule.  | W 2015 0 1 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                  |  |
| Exclusivity          | Step 2: In line 2, give the total number of DSEs by subscriber group for  |   |  |
| Surcharge<br>for     | 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.   |   |  |
| Partially            | 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  |   |  |
| Distant              | schedule. In making this computation, use gross receipts figu   | res applicable to the particular group. You do not need to show |  |
| Stations             | your actual calculations on this form.  |   |  |
|                      | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP                      |  |
|                      | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                      |  |
|                      | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                   |  |
|                      | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                             |  |
|                      | and enter here. This is the   | and enter here. This is the                                     |  |
|                      | total number of DSEs for  | total number of DSEs for  |  |
|                      | this subscriber group subject to the surcharge  | this subscriber group subject to the surcharge                  |  |
|                      | computation   | computation   |  |
|                      |   |   |  |
|                      | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE                                |  |
|                      | First Group   | Second Group  |  |
|                      | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                           |  |
|                      | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                      |  |
|                      | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                   |  |
|                      | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                             |  |
|                      | and enter here. This is the total number of DSEs for  | and enter here. This is the total number of DSEs for            |  |
|                      | this subscriber group   | this subscriber group   |  |
|                      | subject to the surcharge  | subject to the surcharge  |  |
|                      | computation   | computation   |  |
|                      | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY  |  |
|                      | SURCHARGE   | SURCHARGE   |  |
|                      | Third Group   | Fourth Group  |  |
|                      | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7   | ach subscriber group as shown 7)                                |  |
|                      |   |   |  |

FORM SA3F PAGE 20

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FURM SASE, PAGE 20.  |  |
|----------------------------------|--|--|--|
| Name                             | CABLE ONE, INC.  | SYSTEM ID#<br>007412   |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| <b>9</b> Computation             | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |
| of                               | ☐ First 50 major television market   | ☐ Second 50 major television market                              |  |
| Base Rate Fee                    | INSTRUCTIONS:  |  |  |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for comm  | ercial VHF Grade B contour stations listed in block A, part 9 of |  |
| Syndicated                       | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group   | o for the VHE Grade R contour stations, that were classified as  |  |
| Exclusivity<br>Surcharge         | Exempt DSEs in block C, part 7 of this schedule. If none er  |  |  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number   |  |  |
| Partially<br>Distant<br>Stations | <b>2P 4:</b> 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. |  |  |
|                                  | ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FORTY-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 computation   | subject to the surcharge computation                             |  |
|                                  |  |  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                 |  |
|                                  | First Group  | Second Group\$   |  |
|                                  | ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP                        |  |
|                                  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                       |  |
|                                  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                    |  |
|                                  | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                              |  |
|                                  | and enter here. This is the  | and enter here. This is the total number of DSEs for             |  |
|                                  | total number of DSEs for this subscriber group   | this subscriber group  |  |
|                                  | subject to the surcharge   | subject to the surcharge   |  |
|                                  | computation  | computation  |  |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |  |
|                                  | SURCHARGE  | SURCHARGE  |  |
|                                  | Third Group  | Fourth Group   |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag  |  |  |
|                                  |  |  |  |
|                                  |  |  |  |
|                                  |  |  |  |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  |  |
|---|--|--|
| Name                                    | CABLE ONE, INC. 007412   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| <b>9</b> Computation of                 | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Base Rate Fee<br>and                    | 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  |  |
| Syndicated<br>Exclusivity<br>Surcharge  | 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.  |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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.</li> </ul> |  |
|   | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs  |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$   |  |
|   | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP  |  |
|   | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |  |
|   |  |  |

FORM SA3E. PAGE 20.

|                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |  |
|--------------------------|--|---|--|
| Name                     | CABLE ONE, INC. 007412   |   |  |
|                          | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9                        | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |  |
| Computation of           | ☐ First 50 major television market   | Second 50 major television market                               |  |
| Base Rate Fee            | INSTRUCTIONS:  |   |  |
| and                      | 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  |   |  |
| Syndicated               | this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as  |   |  |
| Exclusivity<br>Surcharge | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |   |  |
| for                      | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  |   |  |
| Partially                | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this  |   |  |
| Distant<br>Stations      | 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.  |   |  |
| Gallene                  | your dotain calculations on this form.   |   |  |
|                          | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTIETH 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<br>this subscriber group  | total number of DSEs for this subscriber group                  |  |
|                          | subject to the surcharge   | subject to the surcharge  |  |
|                          | computation  | computation   |  |
|                          | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|                          | SURCHARGE  | SURCHARGE   |  |
|                          | First Group  | Second Group  |  |
|                          | ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP                       |  |
|                          | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |  |
|                          | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |  |
|                          | Line 3: Subtract line 2 from line 1 and enter here. This is the  | Line 3: Subtract line 2 from line 1 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 computation   | subject to the surcharge computation                            |  |
|                          |  |   |  |
|                          | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                |  |
|                          | Third Group  | Fourth Group  |  |
|                          | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page  |   |  |
|                          |  |   |  |

FORM SA3E. PAGE 20.

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |  |
|---|--|---|--|
| Name  | CABLE ONE, INC. 007412   |   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |
| Computation<br>of<br>Base Rate Fee                                  | INSTRUCTIONS:  | Second 50 major television market   |  |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations | and yndicated (xclusivity Surcharge for Partially Distant Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 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 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 |   |  |
|   | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |  |
|   | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page 1)  |   |  |
|   |  |   |  |

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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |  |
|---|--|---|--|
| Name  | CABLE ONE, INC. 007412   |   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |   |  |
| Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for | First 50 major television market  INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enters the part of the schedule is the total number of the part of this schedule. If none enters the part of this schedule is the total number of the part of the | for the VHF Grade B contour stations that were classified as er zero.   |  |
| Partially<br>Distant<br>Stations                                      | Step 4: Compute the surcharge for each subscriber group using the f schedule. In making this computation, use gross receipts figure your actual calculations on this form.   | formula outlined in block D, section 3 or 4 of part 7 of this<br>ures applicable to the particular group. You do not need to show                   |  |
|   | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |  |
|   | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for   | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for  |  |
|   | this subscriber group subject to the surcharge computation   | this subscriber group subject to the surcharge computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |  |
|   |  |   |  |