

U.S. COPYRIGHT OFFICE
INSTRUCTIONS FOR THE SA3E LONG FORM – EXCEL FORMAT
The SA3E is a U.S. Copyright Office form
Email completed workbook to
coplicsoa@copyright.gov

Submitting the Form

- This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "s-signature" (for example, /s/ John Smith) in space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in its native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

- *Alphabetization:* Alphabetization is NOT required for any spaces.
- *Excel:* The form was designed for optimum use with Excel 2007 and later versions. A computer that runs Excel 2003 can be used to complete the form but, as described below, it may be necessary to bypass certain error messages generated by Microsoft.
- *Protection:* All tabs of the SA3E Long Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the form to function properly. **The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.**
- *Navigation:* To navigate between the tabs, use the mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

General Data Input Tab

- Ensure that the proper accounting period is filled in numerical format (for example, "2017/1") next to the "ACCOUNTING PERIOD:" listed at the top of the page. Failure to enter the accounting period here will cause the form to not populate the correct accounting period on the header of each page of the statement of account.
- Space A – Fill in the accounting period in text form (for example, for 2017/1, fill in "January 1 – June 30, 2017")
- Space B – If this is the system's first filing, place an "X" in the appropriate box and leave the system ID number blank. Otherwise, fill in the system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- Spaces C, E, F, M, N, O – Fill in all applicable information in the appropriate highlighted boxes.

Gross Receipts Tab

- **The total gross receipts should be entered on the "Total Gross Receipts" line whether or not the system uses subscriber groups.**
- Users that wish to name individual subscriber groups by community names or other designations may fill in the "Subgroup/Community Name" column.
- Cable systems that have subscriber groups should fill in the individual subscriber group gross receipts in the "Gross Receipts" column. The "Subgroup Gross Receipts Total" box will automatically add together all entries from the "Gross Receipts" column allowing users to ensure their total gross receipts match the cumulative gross receipts of the system's subscriber groups. The form will display an "OUT OF BALANCE" error message if the "Gross Receipts" column total fails to match the "Total Gross Receipts" input.

Notes Tab

- The notes tab is available for user input to provide notes or other information for the copyright examiner.

Signals Tab

- Enter the call signs, broadcast channel numbers, type of station, and location of station, and enter/select what the basis of carriage would be if the station was distant (for example, "O," "E," or "LAC") (filling in this column will not automatically classify the signal as distant on space G). The DSE column will automatically populate with the correct DSE value based on the type of station classification. In unused rows, "#N/A" will display in the DSE column, but this will not impact the form's operation.

- It is only necessary to list signals that are carried in multiple channel lineups once on the Signals tab. Listing a signal twice will not interfere with the operation of the form if the listings are identical; however, if the same signal is listed more than once and the listings are different, errors will occur in other portions of the form.
- Note that this tab can accommodate up to 1285 stations and, if desired, can be used as a master list for multiple SOA filings. In other words, an operator may fill out the Signals tab with all the signals from multiple SOA filings and copy the signal information into other Excel SA3E Long Form Signal tabs to simplify data entry. Signals listed in the Signals tab that are not carried on the system for which the particular form is being completed will not impact the rest of the form's operation.
- **Detailed instructions are located at the end of the paper SA3 form, located at**
<https://www.copyright.gov/forms/sa3.pdf>

Page 1 – Spaces A-C

- Spaces A, B, and C will automatically populate with information from the General Data Input tab, including a barcode. **Note that the barcode will only display if the barcode font has been downloaded as described above.**
- Space D will automatically populate with the information for the first community listed on the “Page 1b – Space D(1)” tab.

Page 1b – Space D

- All community names, states, channel lineups, and subgroup numbers can be manually entered in the highlighted areas.
- Add rows as needed so that all communities are listed in space D.

Page 2 – Spaces E-F

- Blocks 1 of both spaces E and F will automatically populate with information from the General Input Data tab.
- Information can be manually entered into the highlighted areas of block 2 for both spaces E and F.

Page 3 – Space G (AA-AW)

- Fill in all the call signs for each channel lineup, and select whether the signal is local or distant in the areas served by the channel lineup.
- The broadcast channel number, type of station, basis of carriage (if the station is selected as distant), and location of station columns will automatically populate with information from the Signals tab.
- There are 23 Space G tabs available for identifying channel lineups (AA-AW). Unused Space G tabs may be hidden or deleted. (Note: the "hide tabs" option is not available for operators using pre-2007 versions of Excel.)
- If additional Space G tabs are needed beyond the 23 available, users may create additional Space G tabs by right clicking the “Pg 3 – Space G (AW)” tab, clicking “Move or Copy,” selecting “Pg 4 - Space H” from the “Before sheet” list, checking the “Create a copy” box, and clicking “OK.” A new tab called “Pg 3 Space G (AW) (2)” should generate after the “Pg 3 - Space G (AW)” tab. Rename this tab by right clicking the tab at the bottom of the screen and clicking “Rename,” and entering “Pg 3 Space G (AX).” Also rename the highlighted channel line-up within the new tab so that it now displays as “CHANNEL LINE-UP AX.” Repeat this process as necessary progressing through the alphabet and continuing with “Pg 3 - Space G (AAA),” “Pg 3 - Space G (AAB),” etc.

Page 4 – Space H

- Information can be manually entered into the highlighted areas.

Page 5 – Space I

- Section 1 – **The “No” box has been checked in this section by default.** The “Yes” box can be manually checked for cable systems with substitute carriage.
- Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Space J

- Information can be manually entered into the highlighted areas.

Page 7 – Spaces K-L

- Space K – The amount of gross receipts will automatically populate with information from the Gross Receipts tab.
- Space L, Block 1 – This area will automatically populate with information from the Gross Receipts tab and will automatically calculate the minimum fee based on that information.
- Space L, Block 2 – The appropriate box should be manually checked depending on whether the system carries distant stations.
- Space L, Block 3 – The base rate fee will automatically populate once information is input for part 8 (section 3 or 4) or part 9, block A of the DSE schedule. The 3.75 fee will automatically populate once information is input for part 6, block C or Part 9 of the DSE schedule.

- Space L, Block 4 – Line 1 will automatically populate. **If the system calculates a syndicated surcharge in part 7 or in part 9, that surcharge must be manually entered onto line 2.** Line 3 will automatically populate based on whether any information is input into space Q. The total royalty fee will automatically calculate based on the rest of the information from block 4.
- Space L – Enter the EFT transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654"). The length of the EFT ID number varies depending on the type of EFT payment used.

Page 8 – Spaces M-O

- Spaces M and N will automatically populate with information from the General Input Data tab.
- Space O – The appropriate box identifying the signatory must be checked. The “Typed or printed name” and “Title” lines will automatically populate with information from the General Input Data tab.
- The form should be electronically signed using a “s-signature” (for example, /s/ John Smith). An EFT tracking ID must first be entered on page 7, space L, before the worksheet will allow a signature to be entered.

Page 9 – Spaces P-Q

- Space P – **The “No” box has been checked in this section by default.** The “Yes” box may be manually checked and information may be manually input in the highlighted areas.
- Space Q – If applicable, the necessary data can be manually input on lines 1 and 2. The remaining calculations will be performed automatically. Any interest calculated in space Q will automatically populate on space L, block 4, line 3.

Page 11 – Parts 1-2

- Part 1 will automatically populate with information from the General Input Data tab.
- Part 2 – Call signs of non-exempt distant stations can be manually input into the highlighted fields. DSE values will automatically populate with information from the Signals tab. The calculation for the “Sum of DSEs” box will be performed automatically based on the information entered on this tab.
- Additional rows may be added to accommodate additional signals. If additional rows are added, remember to copy the DSE formula into the new rows.

Page 12 – Parts 3-5

- Parts 3 and 4 – Information can be manually entered into the highlighted areas. The calculation for the “Sum of DSEs” boxes will be performed automatically based on the information entered in the DSE columns in parts 3 and 4.
- Part 5 – The calculation for the “Total Number of DSEs” will be performed automatically based on the information entered into parts 2, 3, and 4.

Page 13 – Part 6

- Block A – **The “No” box has been checked by default. Cable systems that are outside of all markets should manually check the “Yes” box.**
- Block B – Call signs and permitted bases of carriage can be entered into the highlighted fields. The DSE column will automatically populate with information from the Signals tab. The total permitted DSE calculation will be performed automatically.
- Cable systems with more than 21 distant permitted stations can use the “Pg 13 – Part 6 (Continued)” tab to input additional signals. Again, the DSE values will automatically populate with information from the Signals tab. Any DSEs entered on this tab will be accounted for automatically in the permitted DSE calculation on the preceding tab.
- Block C – If the sum of DSEs listed in part 5 is greater than the sum of DSEs listed in part 6, block C will automatically populate and perform the necessary calculations for the 3.75 fee. The information in line 7 will automatically populate on space L, block 3, line 2. **If any DSE information is input into the 3.75 fee portion of part 9, block C will clear the calculation automatically, and the 3.75 royalty fee calculation from part 9 will instead automatically populate on space L, block 3, line 2.**

Page 14 – Part 7

- Stations carried under part-time and substitute carriage may be entered manually in the area at the top of this tab.
- Part 7, Block A – The appropriate box should be manually checked depending on the location of the system.
- Part 7, Blocks B and C – **The “No” boxes have been checked by default.** The “Yes” boxes in either area may be manually checked, and any applicable call signs may be manually entered. The DSE columns will automatically populate with information from the Signals tab. The “Total DSEs” calculations will be performed automatically.

Page 15 – Part 7

- Block D – This area will automatically populate with information from the Gross Receipts tab and the earlier portions of part 7.

- Information can be manually entered into the remaining highlighted areas on this tab and the area at the top of the "Pg 16 – Part 7-8 tab."
- **In the event a syndicated exclusivity surcharge is calculated in part 7, that information will NOT automatically populate in space L, block 4, line 2; the information must be re-entered manually on that line.**

Pg 16 – Parts 7-8

- Part 8, Block A – **The "Yes" box has been checked by default. Cable systems that do not have subscriber groups should manually check the "No" box.**
- If the "No" box is manually checked, the appropriate sections of block B will automatically populate (either on this tab or in the top section of the following "Pg 17 – Part 8-9" tab) with the information from part 6, and the "Base Rate Fee" calculation will be performed automatically. The information for the "Base Rate Fee" will automatically populate on space L, block 3, line 1. **If any DSE information is input into the base rate fee portion of part 9, the base rate fee calculation from part 9 will instead automatically populate on space L, block 3, line 1.**

Pg 19 – Part 9 (1-40)

- For cable systems with subscriber groups, fill in the permitted distant call signs in the appropriate subscriber group areas.
- Permitted bases of carriage may be filled in next to the call signs in column C (and columns H, M, and R, if applicable) of the tab.
- The DSE column will automatically populate with information from the Signals tab.
- The "Total DSEs" calculation for each subscriber group will automatically be performed based on the information entered into each subscriber group area.
- The "Gross Receipts" line for each subscriber group will automatically populate with information from the Gross Receipts tab.
- The "Base Rate Fee" calculation for each subscriber group will be automatically performed.
- The total "Base Rate Fee" calculation throughout all subscriber groups will be automatically performed and will display only at the bottom of the "Pg 19 – Part 9(1)" tab. This information will automatically populate on space L, block 3, line 1 if part 9 is used.
- **DO NOT DELETE UNUSED PART 9, BASE RATE FEE TABS. Deleting unused tabs in any part of part 9 will cause the form to function improperly.**

Page 19 – 3.75 Fee Part 9 (1-40)

- For cable systems with subscriber groups, fill in the non-permitted distant call signs in the appropriate subscriber group areas.
- The DSE column for each subscriber group will automatically populate with information from the Signals tab.
- The "Total DSEs" calculation for each subscriber group will automatically be performed based on the information entered into each subscriber group area.
- The "Gross Receipts" line for each subscriber group will automatically populate with information from the Gross Receipts tab.
- The "Base Rate Fee" calculation (which is actually a 3.75 rate calculation) for each subscriber group will be automatically performed.
- The total "3.75 Rate Fee" calculation throughout all subscriber groups will be automatically performed and will display only at the bottom of the "Pg 19 – 3.75 Fee Part 9 (1)" tab. This information will automatically populate on space L, block 3, line 3 if part 9 is used.
- **DO NOT DELETE UNUSED PART 9, 3.75 FEE TABS. Deleting unused tabs in any part of part 9 will cause the form to function improperly.** Excess part 9 tabs may be hidden prior to submission. (Note: the option of hiding unused tabs is not available for operators using pre-2007 versions of Excel.)

Page 20 – Part 9 (1-40)

- Cable systems that have a syndicated exclusivity surcharge calculated on a subscriber group basis can use these tabs to manually perform those calculations.
- **In the event a syndicated exclusivity surcharge is calculated here (instead of in part 7), that information will NOT automatically populate in space L, block 4, line 2; the information must be re-entered manually on that line.**
- Unused part 9 syndicated exclusivity surcharge tabs may either be hidden prior to submission. (Note: the option of hiding unused tabs is not available for operators using pre-2007 versions of Excel.)

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:	
Accounting Period	2025/1 (enter four digit year and /1 for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)	

B	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	BARCODE DATA. 023105 Filing Period 023	
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC	
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 12405 POWERSCOURT DRIVE (Number, street, rural route, apartment, or suite number) ST. LOUIS, MO 63131 (City, town, state, zip)	
C	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
	1 IDENTIFICATION OF CABLE SYSTEM: CHARTER COMMUNICATIONS	
	2 MAILING ADDRESS OF CABLE SYSTEM: 315 DARIS STREET (Number, street, rural route, apartment, or suite number) GRAND HAVEN, MI 49417 (City, town, state, zip code)	

E	BLOCK 1		
Secondary Transmission Service: Sub- scribers and Rates	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	51,495	9.99-36.00
	• Service to first set		
	• Service to additional set(s)		
	• FM radio (if separate rate)		
Motel, hotel			
Commercial	1,298	8.85-45.00	
Converter:			
• Residential			
• Non-residential			
F	BLOCK 1		
Services Other Than Secondary Transmissions: Rates	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE
	Continuing Services:		Installation: Non-residential
	• Pay cable	15.00	• Motel, hotel
	• Pay cable—add'l channel	15.00	• Commercial
	• Fire protection		• Pay cable
	• Burglar protection		• Pay cable-add'l channel
	Installation: Residential		• Fire protection
	• First set	49.99	• Burglar protection
	• Additional set(s)	49.99	• Reconnect
	• FM radio (if separate rate)		• Disconnect
• Converter		• Outlet relocation	
		• Move to new address	
M	CHANNELS		
Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.		
	1. Enter the total number of channels on which the cable system carried television broadcast stations		38
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		755
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
Individual to Be Contacted for Further Information	Name	JACOB C. SCHLECHTE	
	Address	12405 POWERSCOURT DRIVE (Number, street, rural route, apartment, or suite number) ST. LOUIS, MO 63131-3674 (City, town, state, zip)	
	Email (optional)		
	Fax (optional)		
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Signature Space O – This form will be submitted with an electronic “/s/” signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing “/s/” followed by your name in the signature box in space O of tab “page 8, space M-O.”		
	Typed or printed name:		Jacob C. Schlechte
	Title:		Director, Accounting - Charter Communications (Title of official position held in corporation or partnership)
	Date:		08/22/25

Total Gross Receipts**12,440,349.24**

OK

Subgroup Gross Receipts Total**\$ 12,440,349.24**

Subgroup	Subgroup/Community Name	Gross Receipts
FIRST	1 SEE SECTION D	942,659.34
SECOND	2 SEE SECTION D	50,732.56
THIRD	3 SEE SECTION D	415,523.85
FOURTH	4 SEE SECTION D	26,815.78
FIFTH	5 SEE SECTION D	166,934.29
SIXTH	6 SEE SECTION D	102,673.04
SEVENTH	7 SEE SECTION D	46,625.64
EIGHTH	8 SEE SECTION D	236,751.96
NINTH	9 SEE SECTION D	18,118.77
TENTH	10 SEE SECTION D	14,495.02
ELEVENTH	11 SEE SECTION D	25,366.28
TWELVTH	12 SEE SECTION D	252,696.48
THIRTEENTH	13 SEE SECTION D	398,613.00
FOURTEENTH	14 SEE SECTION D	217,183.69
FIFTEENTH	15 SEE SECTION D	1,229,902.28
SIXTEENTH	16 SEE SECTION D	711,463.80
SEVENTEENTH	17 SEE SECTION D	4,358,168.76
EIGHTEENTH	18 SEE SECTION D	1,307,209.04
NINTEENTH	19 SEE SECTION D	127,556.16
TWENTIETH	20 SEE SECTION D	511,915.72
TWENTY-FIRST	21 SEE SECTION D	26,332.62
TWENTY-SECOND	22 SEE SECTION D	64,986.00
TWENTY-THIRD	23 SEE SECTION D	171,765.96
TWENTY-FOURTH	24 SEE SECTION D	246,656.89
TWENTY-FIFTH	25 SEE SECTION D	313,092.39
TWENTY-SIXTH	26 SEE SECTION D	119,342.32
TWENTY-SEVENTH	27 SEE SECTION D	129,730.41
TWENTY-EIGHTH	28 SEE SECTION D	102,914.63
TWENTY-NINTH	29 SEE SECTION D	56,530.57
THIRTIETH	30 SEE SECTION D	47,591.98
THIRTY-FIRST	31	
THIRTY-SECOND	32	
THIRTY-THIRD	33	
THIRTY-FOURTH	34	
THIRTY-FIFTH	35	
THIRTY-SIXTH	36	
THIRTY-SEVENTH	37	
THIRTY-EIGHTH	38	
THIRTY-NINTH	39	
FORTIETH	40	

1. Call Sign	2. B'cast		3. Type of	6. Location of Station	DSE	Space G Basis of Carriage
	Channel	Number				
WCMU	14	E	MT. PLEASANT, MI		0.250	O
WCMU-PBS						
Kids	14.2	E-M	MT. PLEASANT, MI		0.250	O
WCMU-Create	14.3	E-M	MT. PLEASANT, MI		0.250	O
WCMU-MI						
Learning						
Channel	14.4	E-M	MT. PLEASANT, MI		0.250	O
WFQX	33	I	CADILLAC, MI		1.000	O
WFQX-CW N MI	33.2	I-M	CADILLAC, MI		1.000	O
WGTU	29	N	TRAVERSE CITY, MI		0.250	O
WGVU	35	E	GRAND RAPIDS, MI		0.250	O
WGVU-PBS						
KIDS	35.2	E-M	GRAND RAPIDS, MI		0.250	O
WGVU-Create	35.3	E-M	GRAND RAPIDS, MI		0.250	O
WGVU-World	35.4	E-M	GRAND RAPIDS, MI		0.250	O
WKAR	23	E	E. LANSING, MI		0.250	O
WLLA	64	I	KALAMAZOO, MI		1.000	O
WLLA-METV	64.2	I-M	KALAMAZOO, MI		1.000	O
WOOD	8	N	GRAND RAPIDS, MI		0.250	O
WOOD-						
REWIND TV	8.2	I-M	GRAND RAPIDS, MI		1.000	O
WOOD-						
SPORTSGRID	8.3	I-M	GRAND RAPIDS, MI		1.000	O
WOTV	41	N	BATTLE CREEK, MI		0.250	O
WOTV-CW	41.2	I-M	BATTLE CREEK, MI		1.000	O
WOTV-						
CHARGE!	41.3	I-M	BATTLE CREEK, MI		1.000	O
WOTV-DABL	41.4	I-M	BATTLE CREEK, MI		1.000	O
WPBN	7	N	TRAVERSE CITY, MI		0.250	
WPBN-COMET						
TV	7.3	I-M	TRAVERSE CITY, MI		1.000	
WTLJ	54	I	MUSKEGON, MI		1.000	O
WWMT	3	N	KALAMAZOO, MI		0.250	O
WWMT-CW7	3.2	I-M	KALAMAZOO, MI		1.000	O
WWTV	9	N	CADILLAC, MI		0.250	O
WWTV-METV	9.3	I-M	CADILLAC, MI		1.000	
WXII LP	12	I	CEDAR, MI		1.000	
WXMI	17	I	GRAND RAPIDS, MI		1.000	O
WXMI-						
AntennaTv	17.2	I-M	GRAND RAPIDS, MI		1.000	O
WXMI-Bounce						
TV	17.3	I-M	GRAND RAPIDS, MI		1.000	O
WXSP	15	I	GRAND RAPIDS, MI		1.000	O
WXSP-COZI TV	15.2	I-M	GRAND RAPIDS, MI		1.000	O
WXSP-COMET	15.3	I-M	GRAND RAPIDS, MI		1.000	O
WZPX	43	I	BATTLE CREEK, MI		1.000	O

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
8/25/2025	\$
	ALLOCATION NUMBER

Return completed workbook by
 email to

coplicsoa@copyright.gov

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/1																						
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>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.</i> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 023105																						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CC MICHIGAN, LLC 02310520251 023105 2025/1																						
	12405 POWERSCOURT DRIVE ST. LOUIS, MO 63131																						
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: CHARTER COMMUNICATIONS 2 MAILING ADDRESS OF CABLE SYSTEM: 315 DARIS STREET <small>(Number, street, rural route, apartment, or suite number)</small> GRAND HAVEN, MI 49417 <small>(City, town, state, zip code)</small>																						
D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table border="1"> <tr> <td>CITY OR TOWN</td> <td>STATE</td> </tr> <tr> <td>ALLENDALE TOWNSHIP</td> <td>MI</td> </tr> </table> Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <table border="1"> <thead> <tr> <th>CITY OR TOWN (SAMPLE)</th> <th>STATE</th> <th>CH LINE UP</th> <th>SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>			CITY OR TOWN	STATE	ALLENDALE TOWNSHIP	MI	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																						
ALLENDALE TOWNSHIP	MI																						
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																				
Alda	MD	A	1																				
Alliance	MD	B	2																				
Gering	MD	B	3																				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CC MICHIGAN, LLC**SYSTEM ID#****023105**

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 first 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 a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	D Area Served
ALLENDALE TOWNSHIP	MI	J	17	First Community
AETNA TOWNSHIP	MI	F	9	
ALGOMA TOWNSHIP	MI	J	18	
ALLEGAN CITY	MI	A	1	
ALLEGAN TOWNSHIP	MI	A	1	
ALPINE TOWNSHIP	MI	J	18	
AMBER TOWNSHIP	MI	I	16	
ASHLAND TOWNSHIP	MI	C	3	
AUSTIN TOWNSHIP (BIG RAPIDS)	MI	B	2	
AUSTIN TOWNSHIP (HOWARD CITY)	MI	F	11	
BALDWIN TOWNSHIP	MI	C	30	
BELDING CITY	MI	D	5	
BENONA TOWNSHIP	MI	E	8	
BERLIN TOWNSHIP	MI	G	13	
BIG PRAIRE TOWNSHIP	MI	C	3	
BIG RAPIDS CITY	MI	B	23	
BIG RAPIDS TOWNSHIP	MI	B	22	
BLENDON (HUDSONVILLE)	MI	J	17	
BLENDON (ALLENDALE)	MI	K	19	
BLUE LAKE TOWNSHIP	MI	L	20	
BOWNE TOWNSHIP	MI	H	15	
BRANCH TOWNSHIP	MI	I	28	
BRIDGETON TOWNSHIP (NEWAYGO CO)	MI	C	3	
BROOKS TOWNSHIP	MI	C	3	
CALEDONIA VILLAGE	MI	H	15	
CALEDONIA TOWNSHIP (KENT CO)	MI	H	15	
CANNON TOWNSHIP	MI	J	18	
CASCADE TOWNSHIP (MIDDLEVILLE CALEDONIA)	MI	H	15	
CASNOVIA TOWNSHIP	MI	C	4	
CASNOVIA VILLAGE	MI	C	4	
CEDAR SPRINGS TOWNSHIP	MI	J	18	
CHESTER TOWNSHIP	MI	J	18	
COLFAX TOWNSHIP (CCVIII)	MI	B	2	
COOPER TOWNSHIP	MI	A	1	
COOPERVILLE CITY	MI	J	17	
COURTLAND TOWNSHIP	MI	J	18	
CROCKERY TOWNSHIP	MI	J	17	
CROTON TOWNSHIP	MI	C	3	
CUSTER TOWNSHIP	MI	I	28	
CUSTER VILLAGE	MI	I	28	
DALTON TOWNSHIP	MI	L	20	
DAY TOWNSHIP	MI	G	14	

DEERFIELD TOWNSHIP	MI	F	11
DORR TOWNSHIP	MI	H	15
DOUGLAS TOWNSHIP	MI	G	14
EASTON TOWNSHIP	MI	G	13
EDMORE VILLAGE	MI	G	14
ELK TOWNSHIP	MI	I	29
ENSLEY TOWNSHIP	MI	F	12
EUREKA TOWNSHIP	MI	D	6
EVERETTE TOWNSHIP	MI	C	3
EVERGREEN TOWNSHIP	MI	G	14
FERRIS STATE UNIV	MI	B	22
FERRY TOWNSHIP (OCEANA CO)	MI	C	3
FERRYSBURG	MI	J	17
FILLMORE TOWNSHIP	MI	A	1
FOUNTAIN VILLAGE	MI	I	28
FRUITLAND TOWNSHIP	MI	L	20
FRUITPORT TOWNSHIP	MI	J	17
FRUITPORT VILLAGE	MI	J	17
GAINES TOWNSHIP	MI	H	15
GARFIELD TOWNSHIP	MI	C	3
GEORGETOWN TOWNSHIP	MI	J	17
GOBLES CITY	MI	A	1
GOLDEN TOWNSHIP	MI	E	8
GRAND HAVEN	MI	J	17
GRAND HAVEN TOWNSHIP	MI	I	17
GRAND RAPIDS CITY	MI	J	18
GRANT CITY	MI	C	3
GRANT TOWNSHIP (NEWAYGO)	MI	C	3
GRANT TOWNSHIP (WHITEHALL)	MI	L	20
GREEN TOWNSHIP	MI	B	23
GREENVILLE	MI	D	24
GREENWOOD TOWNSHIP (OCEANA CO)	MI	C	3
GUNPLAIN TOWNSHIP	MI	A	1
HAMLIN TOWNSHIP	MI	I	16
HAMLIN TOWNSHIP (LAKE)	MI	I	16
HART CITY	MI	E	8
HART TOWNSHIP	MI	E	8
HEATH TOWNSHIP	MI	J	17
HOLLAND TOWNSHIP	MI	J	17
HOME TOWNSHIP	MI	G	14
HOPE TOWNSHIP	MI	H	15
HOPKINS TOWNSHIP	MI	H	15
HOPKINS VILLAGE	MI	A	1
HOWARD CITY	MI	F	12
HUDSONVILLE TOWNSHIP	MI	J	17
IONIA CITY	MI	G	13
IONIA TOWNSHIP	MI	G	13
JAMESTOWN TOWNSHIP	MI	H	15
KEENE TOWNSHIP (IONIA CO)	MI	C	3
KENT CITY VILLAGE	MI	J	18
LAKETOWN TOWNSHIP	MI	J	17
LAKEWOOD CLUB TOWNSHIP	MI	L	20
LEIGHTON TOWNSHIP	MI	H	15
LILLEY TOWNSHIP	MI	C	3
LINCOLN TOWNSHIP (NEWAYGO)	MI	C	3
LITTLE SWITZERLAND (NEWAYGO)	MI	C	3
LLOYDS BAYOU	MI	J	17
LOWELL TOWNSHIP	MI	H	15
LUDINGTON CITY	MI	I	16
LYONS TOWNSHIP	MI	G	13
LYONS VILLAGE	MI	G	13
MANLIUS TOWNSHIP	MI	J	17

MAPLE VALLEY TOWNSHIP	MI	F	12
MARTIN TOWNSHIP (ALLEGAN)	MI	A	1
MARTIN TOWNSHIP (MIDDLEVILLE)	MI	H	15
MARTIN VILLAGE	MI	A	1
MCBRIDES VILLAGE	MI	G	14
MIDDLEVILLE VILLAGE	MI	H	15
MONTAGUE CITY	MI	L	20
MONTAGUE TOWNSHIP	MI	L	20
MONTCALM TOWNSHIP (GREENVILLE)	MI	D	7
MORLEY VILLAGE	MI	F	11
MUIR VILLAGE	MI	G	13
NELSON TOWNSHIP (HOWARD CITY)	MI	F	12
NELSON TOWNSHIP (ROCKFORD)	MI	J	18
NEW ERA VILLAGE	MI	L	21
NEWFIELD TOWNSHIP	MI	C	3
NEWAYGO	MI	C	3
NORMAN TOWNSHIP	MI	B	2
OAKFIELD TOWNSHIP	MI	D	26
OLIVE TOWNSHIP	MI	J	17
ORANGEVILLE TOWNSHIP	MI	H	15
ORLEANS TOWNSHIP (GREENVILLE)	MI	D	5
OSTEGO CITY	MI	A	1
OSTEGO TOWNSHIP	MI	A	1
OTISCO TOWNSHIP	MI	D	5
OVERISAL TOWNSHIP	MI	J	17
PARK TOWNSHIP	MI	J	17
PENTWATER TOWNSHIP	MI	I	27
PENTWATER VILLAGE	MI	I	27
PERE MARQUETTE	MI	I	16
PIERSON TOWNSHIP	MI	F	12
PIERSON VILLAGE	MI	F	12
PINE GROVE TOWNSHIP	MI	A	1
PINE TOWNSHIP (STANTON)	MI	G	14
PLAINFIELD TOWNSHIP	MI	J	18
PLAINWELL	MI	A	1
PLEASANT PLAINS TOWNSHIP	MI	C	30
POLKTON TOWNSHIP	MI	J	17
PORT SHELDON (east)	MI	J	17
PORT SHELDON (west)	MI	K	19
PRAIRIEVILLE TOWNSHIP	MI	A	1
RAVENNA TOWNSHIP	MI	J	18
RAVENNA VILLAGE	MI	J	18
REYNOLDS TOWNSHIP	MI	F	12
ROBINSON TOWNSHIP	MI	J	17
ROCKFORD CITY	MI	J	18
RONALD TOWNSHIP	MI	G	13
ROTHBURY VILLAGE	MI	L	21
RUTLAND TOWNSHIP	MI	H	15
SAUBLE TOWNSHIP	MI	I	29
SALEM TOWNSHIP	MI	H	15
SANDLAKE VILLAGE	MI	F	10
SANDY PINE MHP	MI	H	15
SCOTTSVILLE	MI	I	16
SHELBY VILLAGE	MI	E	8
SHERIDAN TOWNSHIP	MI	G	13
SHERIDAN VILLAGE	MI	G	14
SIDNEY TOWNSHIP	MI	G	14
SOLON TOWNSHIP	MI	J	18
SPARTA TOWNSHIP	MI	D	25
SPARTA VILLAGE	MI	D	25
SPENCER TOWNSHIP	MI	D	25
SPRINGLAKE TOWNSHIP	MI	J	17

SPRINGLAKE VILLAGE	MI	J	17
STANTON CITY	MI	G	14
STANWOOD VILLAGE	MI	F	11
SULLIVAN TOWNSHIP (MUSKEGON CO)	MI	J	17
SUMMIT TOWNSHIP	MI	I	16
SWEETWATER TOWNSHIP	MI	I	28
TALLMADGE TOWNSHIP	MI	J	17
THORNAPPLE TOWNSHIP (BARRY CO)	MI	H	15
TROWBRIDGE	MI	A	1
TYRONE TOWNSHIP	MI	J	18
VALLEY TOWNSHIP	MI	A	1
WATSON TOWNSHIP	MI	A	1
WAYLAND CITY	MI	H	15
WAYLAND TOWNSHIP	MI	H	15
WEARE TOWNSHIP (OCEANA CO)	MI	E	8
WHITE CLOUD CITY	MI	C	3
WHITE RIVER TOWNSHIP	MI	L	20
WHITEHALL CITY	MI	L	20
WHITEHALL TOWNSHIP	MI	L	20
WINFIELD TOWNSHIP	MI	F	12
WRIGHT TOWNSHIP	MI	J	17
YANKEE SPRINGS TOWNSHIP	MI	H	15
ZEELAND CITY	MI	J	17
ZEELAND TOWNSHIP	MI	J	17

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC			SYSTEM ID# 023105																																																																								
E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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)."</p> <p>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.</p> <table border="1"> <thead> <tr> <th colspan="3">BLOCK 1</th> <th colspan="3">BLOCK 2</th> </tr> <tr> <th>CATEGORY OF SERVICE</th> <th>NO. OF SUBSCRIBERS</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>NO. OF SUBSCRIBERS</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Residential:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to first set</td> <td>51,495</td> <td>9.99-36.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to additional set(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Motel, hotel</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Commercial</td> <td>1,298</td> <td>8.85-45.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Converter</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Non-residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	Residential:						• Service to first set	51,495	9.99-36.00				• Service to additional set(s)						• FM radio (if separate rate)						Motel, hotel						Commercial	1,298	8.85-45.00				Converter						• Residential						• Non-residential											
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F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>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.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>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.</p> <table border="1"> <thead> <tr> <th colspan="3">BLOCK 1</th> <th colspan="3">BLOCK 2</th> </tr> <tr> <th>CATEGORY OF SERVICE</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>RATE</th> <th>CATEGORY OF SERVICE</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Continuing Services:</td> <td></td> <td>Installation: Non-residential</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable</td> <td>\$ 15.00</td> <td>• Motel, hotel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable—add'l channel</td> <td>\$ 15.00</td> <td>• Commercial</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Fire protection</td> <td></td> <td>• Pay cable</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Burglar protection</td> <td></td> <td>• Pay cable-add'l channel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Installation: Residential</td> <td></td> <td>• Fire protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• First set</td> <td>\$ 49.99</td> <td>• Burglar protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Additional set(s)</td> <td>\$ 49.99</td> <td>Other services:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td>• Reconnect</td> <td>\$ 49.99</td> <td></td> <td></td> </tr> <tr> <td>• Converter</td> <td></td> <td>• Disconnect</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	Continuing Services:		Installation: Non-residential				• Pay cable	\$ 15.00	• Motel, hotel				• Pay cable—add'l channel	\$ 15.00	• Commercial				• Fire protection		• Pay cable				• Burglar protection		• Pay cable-add'l channel				Installation: Residential		• Fire protection				• First set	\$ 49.99	• Burglar protection				• Additional set(s)	\$ 49.99	Other services:				• FM radio (if separate rate)		• Reconnect	\$ 49.99			• Converter		• Disconnect			
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC	SYSTEM ID# 023105					Name
PRIMARY TRANSMITTERS: TELEVISION						G Primary Transmitters: Television
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>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).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>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.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AA						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WGVU	35	E	No		GRAND RAPIDS, MI	
WGVU-PBS KIDS	35.2	E-M	No		GRAND RAPIDS, MI	
WGVU-Create	35.3	E-M	No		GRAND RAPIDS, MI	
WGVU-World	35.4	E-M	No		GRAND RAPIDS, MI	
WLLA	64	I	No		KALAMAZOO, MI	
WLLA-METV	64.2	I-M	No		KALAMAZOO, MI	
WOOD	8	N	No		GRAND RAPIDS, MI	
WOOD-REWIND T	8.2	I-M	No		GRAND RAPIDS, MI	
WOOD-SPORTSG	8.3	I-M	No		GRAND RAPIDS, MI	
WOTV	41	N	No		BATTLE CREEK, MI	
WOTV-CW	41.2	I-M	No		BATTLE CREEK, MI	
WOTV-CHARGE!	41.3	I-M	No		BATTLE CREEK, MI	
WOTV-DABL	41.4	I-M	No		BATTLE CREEK, MI	
WTLJ	54	I	No		MUSKEGON, MI	
WWMT	3	N	No		KALAMAZOO, MI	
WWMT-CW7	3.2	I-M	No		KALAMAZOO, MI	
WXMI	17	I	No		GRAND RAPIDS, MI	
WXMI-AntennaTv	17.2	I-M	No		GRAND RAPIDS, MI	
WXMI-BOUNCE T	17.3	I-M	No		GRAND RAPIDS, MI	
WXSP	15	I	No		GRAND RAPIDS, MI	
WXSP-COZI TV	15.2	I-M	No		GRAND RAPIDS, MI	
WXSP-COMET	15.3	I-M	No		GRAND RAPIDS, MI	
WZPX	43	I	No		BATTLE CREEK, MI	
WZZM	13	N	No		GRAND RAPIDS, MI	
WZZM-TCN	13.3	I-M	No		GRAND RAPIDS, MI	
WZZM-Quest	13.4	I-M	No		GRAND RAPIDS, MI	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC					SYSTEM ID# 023105	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>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).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>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.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AC						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WGUV	35	E	Yes	O	GRAND RAPIDS, MI	
WGUV-PBS KIDS	35.2	E-M	Yes	O	GRAND RAPIDS, MI	
WGUV-Create	35.3	E-M	Yes	O	GRAND RAPIDS, MI	
WGUV-World	35.4	E-M	Yes	O	GRAND RAPIDS, MI	
WLLA	64	I	Yes	O	KALAMAZOO, MI	
WLLA-METV	64.2	I-M	Yes	O	KALAMAZOO, MI	
WOOD	8	N	Yes	O	GRAND RAPIDS, MI	
WOOD-REWIND T	8.2	I-M	Yes	O	GRAND RAPIDS, MI	
WOOD-SPORTSG	8.3	I-M	Yes	O	GRAND RAPIDS, MI	
WOTV	41	N	Yes	O	BATTLE CREEK, MI	
WOTV-CW	41.2	I-M	Yes	O	BATTLE CREEK, MI	
WOTV-CHARGE!	41.3	I-M	Yes	O	BATTLE CREEK, MI	
WOTV-DABL	41.4	I-M	Yes	O	BATTLE CREEK, MI	
WTLJ	54	I	Yes	O	MUSKEGON, MI	
WWMT	3	N	Yes	O	KALAMAZOO, MI	
WWMT-CW7	3.2	I-M	Yes	O	KALAMAZOO, MI	
WWTV	9	N	Yes	O	CADILLAC, MI	
WXMI	17	I	Yes	O	GRAND RAPIDS, MI	
WXMI-AntennaTv	17.2	I-M	Yes	O	GRAND RAPIDS, MI	
WXMI-Bounce TV	17.3	I-M	Yes	O	GRAND RAPIDS, MI	
WXSP	15	I	Yes	O	GRAND RAPIDS, MI	
WXSP-COZI TV	15.2	I-M	Yes	O	GRAND RAPIDS, MI	
WXSP-COMET	15.3	I-M	Yes	O	GRAND RAPIDS, MI	
WZPX	43	I	Yes	O	BATTLE CREEK, MI	
WZZM	13	N	No		GRAND RAPIDS, MI	
WZZM-TCN	13.3	I-M	No		GRAND RAPIDS, MI	
WZZM-Quest	13.4	I-M	No		GRAND RAPIDS, MI	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC					SYSTEM ID# 023105	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>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).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>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.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AD						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WGUV	35	E	No		GRAND RAPIDS, MI	
WGUV-PBS KIDS	35.2	E-M	No		GRAND RAPIDS, MI	
WGUV-Create	35.3	E-M	No		GRAND RAPIDS, MI	
WGUV-World	35.4	E-M	No		GRAND RAPIDS, MI	
WKAR	23	E	Yes	O	E. LANSING, MI	
WLLA	64	I	No		KALAMAZOO, MI	
WLLA-METV	64.2	I-M	No		KALAMAZOO, MI	
WOOD	8	N	No		GRAND RAPIDS, MI	
WOOD-REWIND T	8.2	I-M	No		GRAND RAPIDS, MI	
WOOD-SPORTSG	8.3	I-M	No		GRAND RAPIDS, MI	
WOTV	41	N	No		BATTLE CREEK, MI	
WOTV-CW	41.2	I-M	No		BATTLE CREEK, MI	
WOTV-CHARGE!	41.3	I-M	No		BATTLE CREEK, MI	
WOTV-DABL	41.4	I-M	No		BATTLE CREEK, MI	
WTLJ	54	I	No		MUSKEGON, MI	
WWMT	3	N	No		KALAMAZOO, MI	
WWMT-CW7	3.2	I-M	No		KALAMAZOO, MI	
WXMI	17	I	No		GRAND RAPIDS, MI	
WXMI-AntennaTv	17.2	I-M	No		GRAND RAPIDS, MI	
WXMI-Bounce TV	17.3	I-M	No		GRAND RAPIDS, MI	
WXSP	15	I	No		GRAND RAPIDS, MI	
WXSP-COZI TV	15.2	I-M	No		GRAND RAPIDS, MI	
WXSP-COMET	15.3	I-M	No		GRAND RAPIDS, MI	
WZPX	43	I	No		BATTLE CREEK, MI	
WZZM	13	N	No		GRAND RAPIDS, MI	
WZZM-TCN	13.3	I-M	No		GRAND RAPIDS, MI	
WZZM-Quest	13.4	I-M	No		GRAND RAPIDS, MI	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC					SYSTEM ID# 023105	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>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).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>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.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AE						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WGUV	35	E	No		GRAND RAPIDS, MI	
WGUV-PBS KIDS	35.2	E-M	No		GRAND RAPIDS, MI	
WGUV-Create	35.3	E-M	No		GRAND RAPIDS, MI	
WGUV-World	35.4	E-M	No		GRAND RAPIDS, MI	
WLLA	64	I	No		KALAMAZOO, MI	
WLLA-METV	64.2	I-M	No		KALAMAZOO, MI	
WOOD	8	N	No		GRAND RAPIDS, MI	
WOOD-REWIND T	8.2	I-M	No		GRAND RAPIDS, MI	
WOOD-SPORTSG	8.3	I-M	No		GRAND RAPIDS, MI	
WOTV	41	N	No		BATTLE CREEK, MI	
WOTV-CW	41.2	I-M	No		BATTLE CREEK, MI	
WOTV-CHARGE!	41.3	I-M	No		BATTLE CREEK, MI	
WOTV-DABL	41.4	I-M	No		BATTLE CREEK, MI	
WPBN	7	N	No		TRAVERSE CITY, MI	
WTLJ	54	I	No		MUSKEGON, MI	
WWMT	3	N	No		KALAMAZOO, MI	
WWMT-CW7	3.2	I-M	No		KALAMAZOO, MI	
WWTV	9	N	No		CADILLAC, MI	
WXMI	17	I	No		GRAND RAPIDS, MI	
WXMI-AntennaTv	17.2	I-M	No		GRAND RAPIDS, MI	
WXMI-BOUNCE T	17.3	I-M	No		GRAND RAPIDS, MI	
WXSP	15	I	No		GRAND RAPIDS, MI	
WXSP-COZI TV	15.2	I-M	No		GRAND RAPIDS, MI	
WXSP-COMET	15.3	I-M	No		GRAND RAPIDS, MI	
WZPX	43	I	No		BATTLE CREEK, MI	
WZZM	13	N	No		GRAND RAPIDS, MI	
WZZM-TCN	13.3	I-M	No		GRAND RAPIDS, MI	
WZZM-Quest	13.4	I-M	No		GRAND RAPIDS, MI	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC					SYSTEM ID# 023105	Name
PRIMARY TRANSMITTERS: TELEVISION						
<p>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 basis, as explained in the next paragraph.</p> <p>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:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <p>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).</p> <p>Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</p> <p>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.</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p>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.</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>						
CHANNEL LINE-UP AG						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCMU	14	E	No		MT. PLEASANT, MI	
WGVU	35	E	No		GRAND RAPIDS, MI	
WGVU-PBS KIDS	35.2	E-M	No		GRAND RAPIDS, MI	
WGVU-Create	35.3	E-M	No		GRAND RAPIDS, MI	
WGVU-World	35.4	E-M	No		GRAND RAPIDS, MI	
WKAR	23	E	No		E. LANSING, MI	
WLLA	64	I	No		KALAMAZOO, MI	
WLLA-METV	64.2	I-M	No		KALAMAZOO, MI	
WOOD	8	N	No		GRAND RAPIDS, MI	
WOOD-REWIND T	8.2	I-M	No		GRAND RAPIDS, MI	
WOOD-SPORTSG	8.3	I-M	No		GRAND RAPIDS, MI	
WOTV	41	N	No		BATTLE CREEK, MI	
WOTV-CW	41.2	I-M	No		BATTLE CREEK, MI	
WOTV-CHARGE!	41.3	I-M	No		BATTLE CREEK, MI	
WOTV-DABL	41.4	I-M	No		BATTLE CREEK, MI	
WTLJ	54	I	No		MUSKEGON, MI	
WWMT	3	N	No		KALAMAZOO, MI	
WWMT-CW7	3.2	I-M	No		KALAMAZOO, MI	
WXMI	17	I	No		GRAND RAPIDS, MI	
WXMI-AntennaTv	17.2	I-M	No		GRAND RAPIDS, MI	
WXMI-Bounce TV	17.3	I-M	No		GRAND RAPIDS, MI	
WXSP	15	I	No		GRAND RAPIDS, MI	
WXSP-COZI TV	15.2	I-M	No		GRAND RAPIDS, MI	
WXSP-COMET	15.3	I-M	No		GRAND RAPIDS, MI	
WZPX	43	I	No		BATTLE CREEK, MI	
WZZM	13	N	No		GRAND RAPIDS, MI	
WZZM-TCN	13.3	I-M	No		GRAND RAPIDS, MI	
WZZM-Quest	13.4	I-M	No		GRAND RAPIDS, MI	

G
Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC		SYSTEM ID# 023105	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. <div style="border: 1px solid black; padding: 5px; text-align: right;"> \$ 12,440,349.24 (Amount of gross receipts) </div>			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. <ul style="list-style-type: none"> ► If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ► If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below. 			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 12,440,349.24 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 132,365.32 This is your minimum fee.		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 		
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. \$ 29,520.58 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. \$ 29,520.58		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. \$ 132,365.32 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 0.00 Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 4. FILING FEE: \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 133,090.32		
EFT Trace # or TRANSACTION ID # <input type="text"/>			
Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC	SYSTEM ID# 023105
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 38</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 755</p>	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) <p>Name JACOB C. SCHLECHTE Telephone 314-543-2294</p> <p>Address 12405 POWERSCOURT DRIVE (Number, street, rural route, apartment, or suite number)</p> <p>ST. LOUIS, MO 63131-3674 (City, town, state, zip)</p> <p>Email Fax (optional)</p>	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) <p>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</p> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input checked="" type="checkbox"/> (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</p> <p><input type="checkbox"/> (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.</p> <p>• 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)]</p> <div style="text-align: center;">  X /s/ Jacob C. Schlechte </div> <p>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 "F2" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Jacob C. Schlechte</p> <p>.....</p> <p>Title: Director, Accounting - Charter Communications (Title of official position held in corporation or partnership)</p> <p>Date: 08/22/25</p>	

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

FORM SA3E. PAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC		SYSTEM ID# 023105	Name										
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 20px;">"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."</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.</p> <p>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Name</td> </tr> <tr> <td>Mailing Address</td> <td>Mailing Address</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>				Name	Name	Mailing Address	Mailing Address		
Name	Name												
Mailing Address	Mailing Address												
.....												
.....												
<p>P</p> <p>Special Statement Concerning Gross Receipts Exclusion</p>													
<p>INTEREST ASSESSMENTS</p> <p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment \$</p> <p style="text-align: right;">x</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here -</p> <p style="text-align: right;">x</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here -</p> <p style="text-align: right;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) \$</p> <p style="text-align: right;">(interest charge)</p> <p>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Owner</td> <td style="width: 50%;">.....</td> </tr> <tr> <td>Address</td> <td>.....</td> </tr> <tr> <td>First community served</td> <td>.....</td> </tr> <tr> <td>Accounting period</td> <td>.....</td> </tr> <tr> <td>ID number</td> <td>.....</td> </tr> </table>				Owner	Address	First community served	Accounting period	ID number
Owner												
Address												
First community served												
Accounting period												
ID number												
<p>Q</p> <p>Interest Assessment</p>													

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

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC				SYSTEM ID# 023105
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.				21.50
2 Computation of DSEs for Category "O" Stations <i>Add rows as necessary. Remember to copy all formula into new rows.</i>	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."				
	CATEGORY "O" STATIONS: DSEs				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	WCMU	0.250			
	WCMU-PBS Kids	0.250			
	WCMU-Create	0.250			
	WCMU-MI Learning Cha	0.250			
	WFQX	1.000			
	WFQX-CW N MI	1.000			
	WGTU	0.250			
	WGVU	0.250			
	WGVU-PBS KIDS	0.250			
	WGVU-CREATE	0.250			
	WGVU-WORLD	0.250			
	WKAR	0.250			
	WLLA	1.000			
	WLLA-METV	1.000			
	WOOD	0.250			
	WOOD-REWIND TV	1.000			
	WOOD-SPORTSGRID	1.000			
	WOTV	0.250			
	WOTV-CW	1.000			
	WOTV-CHARGE!	1.000			
	WOTV-DABL	1.000			
	WTLJ	1.000			
	WWMT	0.250			
	WWMT-CW7	1.000			
	WWTV	0.250			
	WXMI	1.000			
	WXMI-ANTENNATV	1.000			
	WXMI-BOUNCE TV	1.000			
	WXSP	1.000			
	WXSP-COZI TV	1.000			
	WXSP-COMET	1.000			
	WZPX	1.000			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC					SYSTEM ID# 023105																																																								
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	<p>Instructions: CAPACITY</p> <p>Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).</p> <p>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.</p> <p>Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.</p> <p>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 be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.</p> <p>Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."</p> <p>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 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.)</p> <p style="text-align: center;">CATEGORY LAC STATIONS: COMPUTATION OF DSEs</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1. CALL SIGN</th> <th>2. NUMBER OF HOURS CARRIED BY SYSTEM</th> <th>3. NUMBER OF HOURS STATION ON AIR</th> <th>4. BASIS OF CARRIAGE VALUE</th> <th>5. TYPE VALUE</th> <th>6. DSE</th> </tr> </thead> <tbody> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td>x</td><td>=</td><td></td></tr> </tbody> </table> <p>SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, ► 0.00</p>						1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE	÷	=	x	=		÷	=	x	=		÷	=	x	=		÷	=	x	=		÷	=	x	=		÷	=	x	=		÷	=	x	=		÷	=	x	=			
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4 Computation of DSEs for Substitute-Basis Stations	<p>Instructions:</p> <p>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:</p> <ul style="list-style-type: none"> Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). <p>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</p> <p>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</p> <p>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).</p> <p style="text-align: center;">SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1. CALL SIGN</th> <th>2. NUMBER OF PROGRAMS</th> <th>3. NUMBER OF DAYS IN YEAR</th> <th>4. DSE</th> <th>1. CALL SIGN</th> <th>2. NUMBER OF PROGRAMS</th> <th>3. NUMBER OF DAYS IN YEAR</th> <th>4. DSE</th> </tr> </thead> <tbody> <tr><td>.....</td><td>÷</td><td>=</td><td></td><td>.....</td><td>÷</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td></td><td>.....</td><td>÷</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td></td><td>.....</td><td>÷</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td></td><td>.....</td><td>÷</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td></td><td>.....</td><td>÷</td><td>=</td><td></td></tr> <tr><td>.....</td><td>÷</td><td>=</td><td></td><td>.....</td><td>÷</td><td>=</td><td></td></tr> </tbody> </table> <p>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ► 0.00</p>						1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	÷	=		÷	=		÷	=		÷	=		÷	=		÷	=		÷	=		÷	=		÷	=		÷	=		÷	=		÷	=	
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5 Total Number of DSEs	<p>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 number of DSEs applicable to your system.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Number of DSEs from part 2 •</td> <td>_____</td> <td>►</td> <td>21.50</td> </tr> <tr> <td>2. Number of DSEs from part 3 •</td> <td>_____</td> <td>►</td> <td>0.00</td> </tr> <tr> <td>3. Number of DSEs from part 4 •</td> <td>_____</td> <td>►</td> <td>0.00</td> </tr> </table> <p style="text-align: center;">TOTAL NUMBER OF DSEs _____ ► 21.50</p>						1. Number of DSEs from part 2 •	_____	►	21.50	2. Number of DSEs from part 3 •	_____	►	0.00	3. Number of DSEs from part 4 •	_____	►	0.00																																												
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LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC		SYSTEM ID# 023105	Name					
Instructions: Block A must be completed. In block A: <ul style="list-style-type: none"> • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below. 								
BLOCK A: TELEVISION MARKETS								
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? <p style="margin-top: 10px;"> <input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below. </p>								
BLOCK B: CARRIAGE OF PERMITTED DSEs								
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)								
Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(k) [76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)] C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.								
Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)								
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WKAR	C	0.25						
WWTV	D	0.25						
0.50								
BLOCK C: COMPUTATION OF 3.75 FEE								
Line 1: Enter the total number of DSEs from part 5 of this schedule Line 2: Enter the sum of permitted DSEs from block B above Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) Line 4: Enter gross receipts from space K (page 7) $\times 0.0375$ Line 5: Multiply line 4 by 0.0375 and enter sum here \times Line 6: Enter total number of DSEs from line 3 Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7) 0.00								
Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.								

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC		SYSTEM ID# 023105	Name
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE			
Section 1	Enter the amount of gross receipts from space K (page 7) ► \$ 12,440,349.24		
Section 2	A. Enter the total DSEs from block B of part 7 ► 0.00		
	B. Enter the total number of exempt DSEs from block C of part 7 ► 0.00		
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8. ► \$ 0.00		
<ul style="list-style-type: none"> Is any portion of the cable system within a top 50 television market as defned by the FCC? <input type="checkbox"/> Yes—Complete section 3 below. <input checked="" type="checkbox"/> No—Complete section 4 below. 			
SECTION 3: TOP 50 TELEVISION MARKET			
Section 3a	<ul style="list-style-type: none"> Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below. <p>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.</p> <p>A. Enter 0.00599 of gross receipts (the amount in section1) ► \$</p> <p>B. Enter 0.00377 of gross receipts (the amount in section.1) ► \$</p> <p>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here ►</p> <p>D. Multiply line B by line C and enter here ►</p> <p>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 ► \$</p>		
Section 3b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.</p> <p>A. Enter 0.00599 of gross receipts (the amount in section 1) ► \$</p> <p>B. Enter 0.00377 of gross receipts (the amount in section 1) ► \$</p> <p>C. Multiply line B by 3.000 and enter here ► \$</p> <p>D. Enter 0.00178 of gross receipts (the amount in section 1) ► \$</p> <p>E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here</p> <p>F. Multiply line D by line E and enter here ► \$</p> <p>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 ► \$</p>		
SECTION 4: SECOND 50 TELEVISION MARKET			
Section 4a	<ul style="list-style-type: none"> Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below. <p>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.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1) ► \$</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1) ► \$</p> <p>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here ►</p> <p>D. Multiply line B by line C and enter here ► \$</p> <p>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 ► \$</p>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC		SYSTEM ID# 023105						
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). ► \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). ► \$ _____</p> <p>C. Multiply line B by 3.000 and enter here. ► \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). ► \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ► \$ _____</p> <p>F. Multiply line D by line E and enter here ► \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p>Syndicated Exclusivity Surcharge ► \$ _____</p>							
8 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p> <p>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</p> <ul style="list-style-type: none"> • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <p><input checked="" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.</p> <p>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</p> <table border="1"> <tr> <td>Section 1</td> <td>Enter the amount of gross receipts from space K (page 7). ► \$ _____</td> </tr> <tr> <td>Section 2</td> <td>Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ► _____</td> </tr> <tr> <td>Section 3</td> <td> <p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► _____ -</p> <p>D. Multiply line B by line C and enter here. ► \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ► \$ 0.00</p> </td> </tr> </table>			Section 1	Enter the amount of gross receipts from space K (page 7). ► \$ _____	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ► _____	Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► _____ -</p> <p>D. Multiply line B by line C and enter here. ► \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ► \$ 0.00</p>
Section 1	Enter the amount of gross receipts from space K (page 7). ► \$ _____								
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ► _____								
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). ► \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). ► _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ► _____ -</p> <p>D. Multiply line B by line C and enter here. ► \$ _____</p> <p>E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee ► \$ 0.00</p>								

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC		SYSTEM ID# 023105	Name
4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
	A. Enter 0.01064 of gross receipts (the amount in section 1)	► \$ _____	Computation of Base Rate Fee
	B. Enter 0.00701 of gross receipts (the amount in section 1)	► \$ _____	
	C. Multiply line B by 3.000 and enter here	► \$ _____	
	D. Enter 0.00330 of gross receipts (the amount in section 1)	► \$ _____	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	► _____	
	F. Multiply line D by line E and enter here	► \$ _____	
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	► \$ 0.00		
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.			9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:			
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.			
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.			
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.			
How to Identify a Subscriber Group for Partially Distant Stations			
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.			
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)			
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.			
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.			
In each section:			
<ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 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, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts First Group	\$	166,934.29		Gross Receipts Second Group	\$	102,673.04			
Base Rate Fee First Group	\$	0.00		Base Rate Fee Second Group	\$	0.00			
SEVENTH SUBSCRIBER GROUP								EIGHTH SUBSCRIBER GROUP	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D				SEVEN EIGHT	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts Third Group	\$	46,625.64		Gross Receipts Fourth Group	\$	236,751.96			
Base Rate Fee Third Group	\$	0.00		Base Rate Fee Fourth Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	SEE SECTION D			COMMUNITY/ AREA	SEE SECTION D				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WOOD	0.25			WWTV	0.25				
WOOD-REWIND TV	1.00								
WOOD-SPORTSGR	1.00								
WOTV	0.25								
WOTV-CW	1.00								
WOTV-CHARGE!	1.00								
WOTV-DABL	1.00								
WTLJ	1.00								
Total DSEs	6.50			Total DSEs	0.25				
Gross Receipts First Group	\$	18,118.77		Gross Receipts Second Group	\$	14,495.02			
Base Rate Fee First Group	\$	723.30		Base Rate Fee Second Group	\$	38.56			
ELEVENTH SUBSCRIBER GROUP				TWELVTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	SEE SECTION D			COMMUNITY/ AREA	SEE SECTION D				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WOOD	0.25								
WOOD-REWIND TV	1.00								
WOOD-SPORTSGR	1.00								
WOTV	0.25								
WOTV-CW	1.00								
WOTV-CHARGE!	1.00								
WOTV-DABL	1.00								
WTLJ	1.00								
WWMT	0.25								
WWMT-CW7	1.00								
WZPX	1.00								
Total DSEs	8.75			Total DSEs	0.00				
Gross Receipts Third Group	\$	25,366.28		Gross Receipts Fourth Group	\$	252,696.48			
Base Rate Fee Third Group	\$	1,200.97		Base Rate Fee Fourth Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP				FOURTEENTH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts First Group \$ 398,613.00				Gross Receipts Second Group \$ 217,183.69					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
FIFTEENTH SUBSCRIBER GROUP								SIXTEENTH SUBSCRIBER GROUP	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 2.25					
Gross Receipts Third Group \$ 1,229,902.28				Gross Receipts Fourth Group \$ 711,463.80					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 13,804.18					
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)								\$ 	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIRST SUBSCRIBER GROUP				TWENTY-SECOND SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		WXSP		1.00					
Total DSEs 0.00				Total DSEs 1.00					
Gross Receipts First Group \$ 26,332.62				Gross Receipts Second Group \$ 64,986.00					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 691.45					
TWENTY-THIRD SUBSCRIBER GROUP								TWENTY-FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D				TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA SEE SECTION D CALL SIGN DSE CALL SIGN DSE WXSP 1.00 WXSP 1.00 Total DSEs 1.00 Total DSEs 0.00 Gross Receipts Third Group \$ 171,765.96 Gross Receipts Fourth Group \$ 246,656.89 Base Rate Fee Third Group \$ 1,827.59 Base Rate Fee Fourth Group \$ 0.00	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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)								\$ 691.45	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								SYSTEM ID# 023105	Name
TWENTY-FIFTH SUBSCRIBER GROUP				TWENTY-SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WKAR	0.25								
Total DSEs	0.25			Total DSEs	0.00				
Gross Receipts First Group	\$ 313,092.39			Gross Receipts Second Group	\$ 119,342.32				
Base Rate Fee First Group	\$ 832.83			Base Rate Fee Second Group	\$ 0.00				
TWENTY-SEVENTH SUBSCRIBER GROUP				TWENTY-EIGHTH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WCMU	0.25			WCMU	0.25				
WCMU-PBS Kids	0.25			WCMU-PBS Kids	0.25				
WCMU-Create	0.25			WCMU-Create	0.25				
WCMU-MI Learning	0.25			WCMU-MI Learning	0.25				
WFQX	1.00			WGUV	0.25				
WFQX-CW N MI	1.00			WXSP	1.00				
WGTU	0.25								
Total DSEs	3.25			Total DSEs	2.25				
Gross Receipts Third Group	\$ 129,730.41			Gross Receipts Fourth Group	\$ 102,914.63				
Base Rate Fee Third Group	\$ 3,426.50			Base Rate Fee Fourth Group	\$ 1,996.80				
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)									

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-NINTH SUBSCRIBER GROUP				THIRTIETH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA		SEE SECTION D		COMMUNITY/ AREA		SEE SECTION D			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WGVU	0.25			WGVU	0.25	WWMT-CW7	1.00		
WXSP	1.00			WGVU-PBS KIDS	0.25	WXMI	1.00		
				WGVU-Create	0.25	WXMI-ANTENNAT	1.00		
				WGVU-World	0.25	WXMI-BOUN	1.00		
				WLLA	1.00	WXSP	1.00		
				WLLA-METV	1.00	WXSP-COZI	1.00		
				WOOD	0.25	WXSP-COMET	1.00		
				WOOD-REWIND TV	1.00	WZPX	1.00		
				WOOD-SPORTSGF	1.00				
				WOTV	0.25				
				WOTV-CW	1.00				
				WOTV-CHARGE!	1.00				
				WOTV-DABL	1.00				
				WTLJ	1.00				
				WWMT	0.25				
Total DSEs 1.25				Total DSEs 17.75					
Gross Receipts First Group \$ 56,530.57				Gross Receipts Second Group \$ 47,591.98					
Base Rate Fee First Group \$ 700.56				Base Rate Fee Second Group \$ 3,666.72					
THIRTY-FIRST SUBSCRIBER GROUP								THIRTY-SECOND SUBSCRIBER GROUP	
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				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)	
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 Fourth Group \$ 0.00					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts First Group \$ 942,659.34				Gross Receipts Second Group \$ 50,732.56					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
THIRD SUBSCRIBER GROUP								FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts Third Group \$ 415,523.85				Gross Receipts Fourth Group \$ 26,815.78					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 0.00	

Nonpermitted 3.75 Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP				TENTH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA		SEE SECTION D		COMMUNITY/ AREA		SEE SECTION D			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts First Group \$ 18,118.77				Gross Receipts Second Group \$ 14,495.02					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
ELEVENTH SUBSCRIBER GROUP								TWELVTH SUBSCRIBER GROUP	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts Third Group \$ 25,366.28				Gross Receipts Fourth Group \$ 252,696.48					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

Nonpermitted 3.75 Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP					
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts First Group	\$	4,358,168.76		Gross Receipts Second Group	\$	1,307,209.04			
Base Rate Fee First Group	\$	0.00		Base Rate Fee Second Group	\$	0.00			
NINETEENTH SUBSCRIBER GROUP								20 TWENTIETH SUBSCRIBER GROUP	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs	0.00			Total DSEs	0.00				
Gross Receipts Third Group	\$	127,556.16		Gross Receipts Fourth Group	\$	511,915.72			
Base Rate Fee Third Group	\$	0.00		Base Rate Fee Fourth Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									

Nonpermitted 3.75 Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIFTH SUBSCRIBER GROUP				TWENTY-SIXTH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts First Group \$ 313,092.39				Gross Receipts Second Group \$ 119,342.32					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
TWENTY-SEVENTH SUBSCRIBER GROUP								TWENTY-EIGHTH SUBSCRIBER GROUP	
COMMUNITY/ AREA SEE SECTION D				COMMUNITY/ AREA SEE SECTION D					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts Third Group \$ 129,730.41				Gross Receipts Fourth Group \$ 102,914.63					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC								SYSTEM ID# 023105	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-NINTH SUBSCRIBER GROUP				THIRTIETH SUBSCRIBER GROUP				9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	
COMMUNITY/ AREA		SEE SECTION D		COMMUNITY/ AREA		SEE SECTION D			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts First Group \$ 56,530.57				Gross Receipts Second Group \$ 47,591.98					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00					
THIRTY-FIRST SUBSCRIBER GROUP								THIRTY-SECOND SUBSCRIBER GROUP	
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				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 Fourth Group \$ 0.00					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC	SYSTEM ID# 023105
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant 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 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:	
	<input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.	
	FIRST SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs <input type="text"/>	
	Line 2: Enter the Exempt DSEs <input type="text"/>	
	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 <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>	
	SECOND SUBSCRIBER GROUP	
Line 1: Enter the VHF DSEs <input type="text"/>		
Line 2: Enter the Exempt DSEs <input type="text"/>		
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 <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>		
THIRD SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/>		
Line 2: Enter the Exempt DSEs. <input type="text"/>		
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 <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>		
FOURTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/>		
Line 2: Enter the Exempt DSEs. <input type="text"/>		
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 <input style="text-align: right; vertical-align: bottom; border: 1px solid black; padding: 2px 5px; width: 20px; height: 15px;" type="text"/>		
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) <input style="width: 200px; height: 20px;" type="text"/>		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC	SYSTEM ID# 023105																								
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant 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 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:																									
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CC MICHIGAN, LLC	SYSTEM ID# 023105
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
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	<input type="checkbox"/> First 50 major television market <input type="checkbox"/> Second 50 major television market	
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	NINTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
TENTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
ELEVENTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs. <input type="text"/> 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 <input type="text"/> \$		
TWELVTH SUBSCRIBER GROUP		
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SYNDICATED EXCLUSIVITY SURCHARGE		
Fourth Group <input type="text"/> \$		
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) <input type="text"/> \$		

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	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.	
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	THIRTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
FOURTEENTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
FIFTEENTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs. <input type="text"/> 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 <input type="text"/> \$		
SIXTEENTH SUBSCRIBER GROUP		
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SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group <input type="text"/> \$		
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) <input type="text"/> \$		

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	SEVENTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
EIGHTEENTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
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SYNDICATED EXCLUSIVITY SURCHARGE		
Third Group <input type="text"/> \$		
TWENTYTH SUBSCRIBER GROUP		
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	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-SECOND 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 Second Group \$	
TWENTY-THIRD 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 Third Group \$		
TWENTY-FOURTH 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 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) \$		

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SYNDICATED EXCLUSIVITY SURCHARGE Second Group <input type="text"/> \$		
TWENTY-SEVENTH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs. <input type="text"/> 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 -		
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TWENTY-EIGHTH SUBSCRIBER GROUP		
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	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-NINTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
THIRTIETH SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
THIRTY-FIRST SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
THIRTY-SECOND SUBSCRIBER GROUP		
Line 1: Enter the VHF DSEs <input type="text"/> Line 2: Enter the Exempt DSEs <input type="text"/> 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 <input type="text"/> \$		
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) <input type="text"/> \$		

CONTROL #:

REMITTANCE #:



Cable Worksheet

Total amount of remittance	Number of SAs rec'd	Initials
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Date of remittance	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	<input type="checkbox"/> FILING FEES
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Cable ID #				Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)					
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space B Owner						
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space D Area Served						
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space E Secondary Transission Service Subscribers: and Rates						
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space G Primary Transmitters: Television						
	<input type="checkbox"/> Letter sent		<input type="checkbox"/> Information received			
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			
Space H Primary Transmitters: Radio						
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Phone call/Date/Contact			

Space I Substitute

		Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space K Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space O Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	