

**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](mailto: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](mailto: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.)

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

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>B</b><br>Owner  | <b>INSTRUCTIONS:</b><br>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.<br>In line 2, list any other names under which the owner conducts the business of the cable system.<br>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.<br><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. <b>007718</b> | <b>BARCODE DATA:</b><br>Filing Period<br>007 |
|                    | <b>1 LEGAL NAME OF OWNER OF CABLE SYSTEM:</b><br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
|                    | <b>2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
|                    | <b>3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:</b><br><b>12405 POWERSCOURT DRIVE</b><br>(Number, street, rural route, apartment, or suite number)<br><b>ST. LOUIS, MO 63131</b><br>(City, town, state, zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |
| <b>C</b><br>System | <b>INSTRUCTIONS:</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |
|                    | <b>1 IDENTIFICATION OF CABLE SYSTEM:</b><br><b>Charter Communications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |
|                    | <b>2 MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>1306 Ridgefield Rd</b><br>(Number, street, rural route, apartment, or suite number)<br><b>Thibodaux, LA 70301</b><br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |

| E                                                                   | BLOCK 1                        |                    |            |
|---------------------------------------------------------------------|--------------------------------|--------------------|------------|
|                                                                     | CATEGORY OF SERVICE            | NO. OF SUBSCRIBERS | RATE       |
| Secondary<br>Transmission<br>Service: Sub-<br>scribers and<br>Rates | Residential:                   |                    |            |
|                                                                     | • Service to first set         | 10,332             | 9.99-36.00 |
|                                                                     | • Service to additional set(s) |                    |            |
|                                                                     | • FM radio (if separate rate)  |                    |            |
|                                                                     | Motel, hotel                   |                    |            |
|                                                                     | Commercial                     | 280                | 9.99-45.00 |
|                                                                     | Converter:                     |                    |            |
|                                                                     | • Residential                  |                    |            |
|                                                                     | • Non-residential              |                    |            |
|                                                                     |                                |                    |            |

| F                                                              | BLOCK 1                       |            |                               |       |
|----------------------------------------------------------------|-------------------------------|------------|-------------------------------|-------|
|                                                                | CATEGORY OF SERVICE           | RATE       | CATEGORY OF SERVICE           | RATE  |
| Services<br>Other Than<br>Secondary<br>Transmissions:<br>Rates | Continuing Services:          |            | Installation: Non-residential |       |
|                                                                | • Pay cable                   | 15.00      | • Motel, hotel                |       |
|                                                                | • Pay cable—add'l channel     | 6.00-15.00 | • 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)           |            | Other services:               |       |
|                                                                | • FM radio (if separate rate) |            | • Reconnect                   | 49.99 |
|                                                                | • Converter                   |            | • Disconnect                  |       |
|                                                                |                               |            | • Outlet relocation           |       |
|                                                                |                               |            | • Move to new address         |       |
|                                                                |                               |            |                               |       |
|                                                                |                               |            |                               |       |
|                                                                |                               |            |                               |       |

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>M</b><br>Channels | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>38</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>428</b> |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>N</b><br>Individual to<br>Be Contacted<br>for Further<br>Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>JACOB C. SCHLECHTE</b> Telephone <b>314-543-2294</b><br><br>Address <b>12405 POWERSCOURT DR</b><br>(Number, street, rural route, apartment, or suite number)<br><b>ST LOUIS, MO 63131-3674</b><br>(City, town, state, zip)<br><br>Email (optional) Fax (optional) |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>O</b><br>Certification | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)<br>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."<br><br>Typed or printed name: <b>Jacob Schlechte</b><br><br>Title: <b>Director - Accounting - Charter Communications, Inc.</b><br>(Title of official position held in corporation or partnership)<br><br>Date: <b>08/22/25</b> |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Total Gross Receipts**

**\$2,338,296.26**

OK

**Subgroup Gross Receipts Total**

**\$ 2,338,296.26**

| Subgroup       | Subgroup/Community Name |               | Gross Receipts |
|----------------|-------------------------|---------------|----------------|
| FIRST          | 1                       | See Section D | 1,065,948.05   |
| SECOND         | 2                       | See Section D | 402,163.42     |
| THIRD          | 3                       | See Section D | 123,342.19     |
| FOURTH         | 4                       | See Section D | 26,252.65      |
| FIFTH          | 5                       | See Section D | 720,589.95     |
| SIXTH          | 6                       |               |                |
| SEVENTH        | 7                       |               |                |
| EIGHTH         | 8                       |               |                |
| NINTH          | 9                       |               |                |
| TENTH          | 10                      |               |                |
| ELEVENTH       | 11                      |               |                |
| TWELVTH        | 12                      |               |                |
| THIRTEENTH     | 13                      |               |                |
| FOURTEENTH     | 14                      |               |                |
| FIFTEENTH      | 15                      |               |                |
| SIXTEENTH      | 16                      |               |                |
| SEVENTEENTH    | 17                      |               |                |
| EIGHTEENTH     | 18                      |               |                |
| NINTEENTH      | 19                      |               |                |
| TWENTIETH      | 20                      |               |                |
| TWENTY-FIRST   | 21                      |               |                |
| TWENTY-SECOND  | 22                      |               |                |
| TWENTY-THIRD   | 23                      |               |                |
| TWENTY-FOURTH  | 24                      |               |                |
| TWENTY-FIFTH   | 25                      |               |                |
| TWENTY-SIXTH   | 26                      |               |                |
| TWENTY-SEVENTH | 27                      |               |                |
| TWENTY-EIGHTH  | 28                      |               |                |
| TWENTY-NINTH   | 29                      |               |                |
| THIRTIETH      | 30                      |               |                |
| 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<br>Channel<br>Number | 3. Type of<br>Station | 6. Location of Station | DSE   | Space G<br>Basis of<br>Carriage |
|--------------|--------------------------------|-----------------------|------------------------|-------|---------------------------------|
| KFOL-CA      | 30                             | I                     | HOUMA, LA              | 1.000 |                                 |
| KGLA         | 42                             | I                     | HAMMOND, LA            | 1.000 | O                               |
| WAFB         | 9                              | N                     | Baton Rouge, LA        | 0.250 |                                 |
| WAFB-2       | 9.2                            | I-M                   | Baton Rouge, LA        | 1.000 |                                 |
| WBRL-CA      | 21                             | I                     | Baton Rouge, LA        | 1.000 |                                 |
| WBRZ         | 2                              | N                     | Baton Rouge, LA        | 0.250 |                                 |
| WBRZ-2       | 2.2                            | I-M                   | Baton Rouge, LA        | 1.000 |                                 |
| WBRZ-3       | 2.3                            | I-M                   | Baton Rouge, LA        | 1.000 |                                 |
| WDSU         | 6                              | N                     | New Orleans, LA        | 0.250 | O                               |
| WDSU-2       | 6.2                            | I-M                   | New Orleans, LA        | 1.000 | O                               |
| WGMB         | 44                             | I                     | Baton Rouge, LA        | 1.000 |                                 |
| WGMB-2       | 44.2                           | I-M                   | Baton Rouge, LA        | 1.000 |                                 |
| WGNO         | 26                             | N                     | New Orleans, LA        | 0.250 | O                               |
| WGNO-2       | 26.2                           | I-M                   | New Orleans, LA        | 1.000 | O                               |
| WHNO         | 20                             | I                     | New Orleans, LA        | 1.000 | O                               |
| WLAE         | 32                             | E                     | New Orleans, LA        | 0.250 |                                 |
| WLPB         | 27                             | E                     | Baton Rouge, LA        | 0.250 | O                               |
| WLPB-2       | 27.2                           | E-M                   | Baton Rouge, LA        | 0.250 | O                               |
| WLPB-3       | 27.3                           | E-M                   | Baton Rouge, LA        | 0.250 | O                               |
| WNOL         | 38                             | I                     | New Orleans, LA        | 1.000 | O                               |
| WNOL-2       | 38.2                           | I                     | New Orleans, LA        | 1.000 | O                               |
| WPXL         | 49                             | I                     | New Orleans, LA        | 1.000 | O                               |
| WUPL         | 54                             | I                     | Slidell, LA            | 1.000 | O                               |
| WVLA         | 33                             | N                     | Baton Rouge, LA        | 0.250 | O                               |
| WVLA-2       | 33.2                           | I-M                   | Baton Rouge, LA        | 1.000 |                                 |
| WVUE         | 8                              | I                     | New Orleans, LA        | 1.000 | O                               |
| WVUE-2       | 8.2                            | I-M                   | New Orleans, LA        | 1.000 | O                               |
| WWL          | 4                              | N                     | New Orleans, LA        | 0.250 | O                               |
| WWL-2        | 4.2                            | I-M                   | New Orleans, LA        | 1.000 | O                               |
| WYES         | 12                             | E                     | New Orleans, LA        | 0.250 | O                               |
| WYES-2       | 12.2                           | E-M                   | New Orleans, LA        | 0.250 | O                               |
| WYES-3       | 12.3                           | E-M                   | New Orleans, LA        | 0.250 | O                               |
| WUPL-3       | 54.3                           | I-M                   | Slidell, LA            | 1.000 | O                               |
| WUPL-2       | 54.2                           | I-M                   | Slidell, LA            | 1.000 | O                               |
| WYES-4       | 12.4                           | E-M                   | New Orleans, LA        | 0.250 | O                               |
| WAFB-4       | 9.4                            | I-M                   | Baton Rouge, LA        | 1.000 |                                 |
| WGMB-3       | 44.3                           | I-M                   | Baton Rouge, LA        | 1.000 |                                 |
| WGNO-3       | 26.3                           | I-M                   | New Orleans, LA        | 1.000 | O                               |
| WNOL-3       | 38.3                           | I-M                   | New Orleans, LA        | 1.000 | O                               |
| WWL-6        | 4.6                            | I-M                   | New Orleans, LA        | 1.000 | O                               |
|              |                                |                       |                        | #N/A  |                                 |
|              |                                |                       |                        | #N/A  |                                 |
|              |                                |                       |                        | #N/A  |                                 |
|              |                                |                       |                        | #N/A  |                                 |
|              |                                |                       |                        | #N/A  |                                 |
|              |                                |                       |                        | #N/A  |                                 |
|              |                                |                       |                        | #N/A  |                                 |

[illegible]

















[illegible]



[illegible]



[illegible]













[illegible]







[illegible]



| 1. Call Sign | 2. B'cast<br>Channel<br>Number | 3. Type of<br>Station | 6. Location of Station | DSE  | Space G<br>Basis of<br>Carriage |
|--------------|--------------------------------|-----------------------|------------------------|------|---------------------------------|
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |
|              |                                |                       |                        | #N/A |                                 |

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            |
| 08/25/2025                    | \$                |
|                               | ALLOCATION NUMBER |

Return completed workbook by  
email to

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

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

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|--------------|-------------------------------------------------------------------------|-------|--|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|-----------------------|-------|------------|----------|-------------|-----------|----------|----------|-----------------|-----------|----------|----------|---------------|-----------|----------|----------|
| <b>A</b><br>Accounting<br>Period                                       | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><b>2025/1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |          |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>B</b><br>Owner                                                      | <p><b>Instructions:</b><br/>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.<br/>List any other name or names under which the owner conducts the business of the cable system.<br/><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></p> <p><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. <b>007718</b></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/><b>Renaissance Media, LLC</b></p> <p><b>00771820251</b><br/><b>007718 2025/1</b></p> <p><b>12405 POWERSCOURT DRIVE</b><br/><b>ST. LOUIS, MO 63131</b></p> |            |          |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>C</b><br>System                                                     | <p><b>INSTRUCTIONS:</b> 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.</p> <table><tr><td>1</td><td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b><br/><b>Charter Communications</b></td></tr><tr><td>2</td><td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/><b>1306 Ridgefield Rd</b><br/>(Number, street, rural route, apartment, or suite number)<br/><b>Thibodaux, LA 70301</b><br/>(City, town, state, zip code)</td></tr></table>                                                                                                                                                                                                                                                                                                                        |            |          |  | 1            | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>Charter Communications</b> |       |  | 2                                        | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>1306 Ridgefield Rd</b><br>(Number, street, rural route, apartment, or suite number)<br><b>Thibodaux, LA 70301</b><br>(City, town, state, zip code) |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 1                                                                      | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><b>Charter Communications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| 2                                                                      | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>1306 Ridgefield Rd</b><br>(Number, street, rural route, apartment, or suite number)<br><b>Thibodaux, LA 70301</b><br>(City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |          |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br><br>Sample | <p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table><tr><td colspan="2">CITY OR TOWN</td><td colspan="2">STATE</td></tr><tr><td colspan="2"><b>Thibodaux City (Lafourche Parish)</b></td><td colspan="2"><b>LA</b></td></tr></table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td><b>Alda</b></td><td><b>MD</b></td><td><b>A</b></td><td><b>1</b></td></tr><tr><td><b>Alliance</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>2</b></td></tr><tr><td><b>Gering</b></td><td><b>MD</b></td><td><b>B</b></td><td><b>3</b></td></tr></table>                                                                                                                                               |            |          |  | CITY OR TOWN |                                                                         | STATE |  | <b>Thibodaux City (Lafourche Parish)</b> |                                                                                                                                                                                                  | <b>LA</b> |  | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | <b>Alda</b> | <b>MD</b> | <b>A</b> | <b>1</b> | <b>Alliance</b> | <b>MD</b> | <b>B</b> | <b>2</b> | <b>Gering</b> | <b>MD</b> | <b>B</b> | <b>3</b> |
| CITY OR TOWN                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE      |          |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Thibodaux City (Lafourche Parish)</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>LA</b>  |          |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| CITY OR TOWN (SAMPLE)                                                  | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CH LINE UP | SUB GRP# |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alda</b>                                                            | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>A</b>   | <b>1</b> |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Alliance</b>                                                        | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>B</b>   | <b>2</b> |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |
| <b>Gering</b>                                                          | <b>MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>B</b>   | <b>3</b> |  |              |                                                                         |       |  |                                          |                                                                                                                                                                                                  |           |  |                       |       |            |          |             |           |          |          |                 |           |          |          |               |           |          |          |

**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.

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

|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                          |                     |      |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------|------|------------------------------------|
| <b>Name</b>                                                                                                                                                                                                                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                                          |                     |      | <b>SYSTEM ID#</b><br><b>007718</b> |
| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b>                                                                                                                                                                   | <p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b></p> <p><b>In General:</b> 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><b>Number of Subscribers:</b> 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><b>Rate:</b> 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><b>Block 1:</b> 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. <b>Note:</b> 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><b>Block 2:</b> 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> |                                                                                                                                                                                                                                                                          |                                                                          |                     |      |                                    |
| BLOCK 1                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                          | BLOCK 2                                                                  |                     |      |                                    |
| CATEGORY OF SERVICE                                                                                                                                                                                                                            | NO. OF SUBSCRIBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RATE                                                                                                                                                                                                                                                                     | CATEGORY OF SERVICE                                                      | NO. OF SUBSCRIBERS  | RATE |                                    |
| <b>Residential:</b><br>• Service to first set<br>• Service to additional set(s)<br>• FM radio (if separate rate)<br><b>Motel, hotel</b><br><b>Commercial</b><br><b>Converter</b><br>• Residential<br>• Non-residential                         | <b>10,332</b><br><hr/> <hr/> <hr/> <b>280</b><br><hr/> <hr/> <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9.99-36.00</b><br><hr/> <hr/> <hr/> <b>9.99-45.00</b><br><hr/> <hr/> <hr/>                                                                                                                                                                                            |                                                                          |                     |      |                                    |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                          |                     |      |                                    |
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b>                                                                                                                                                                      | <p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b></p> <p><b>In General:</b> 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><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p><b>Block 2:</b> 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                                          |                     |      |                                    |
| BLOCK 1                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                          | BLOCK 2                                                                  |                     |      |                                    |
| CATEGORY OF SERVICE                                                                                                                                                                                                                            | RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CATEGORY OF SERVICE                                                                                                                                                                                                                                                      | RATE                                                                     | CATEGORY OF SERVICE | RATE |                                    |
| <b>Continuing Services:</b><br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br><b>Installation: Residential</b><br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)<br>• Converter | <b>\$ 15.00</b><br><b>6.00-15.00</b><br><hr/> <hr/> <hr/> <b>\$ 49.99</b><br><hr/> <hr/> <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Installation: Non-residential</b><br>• Motel, hotel<br>• Commercial<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br><b>Other services:</b><br>• Reconnect<br>• Disconnect<br>• Outlet relocation<br>• Move to new address | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <b>\$ 49.99</b><br><hr/> <hr/> <hr/> |                     |      |                                    |
|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                                                                          |                     |      |                                    |

FORM SA3E, PAGE 3.

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                    |                         | SYSTEM ID#<br><b>007718</b>       |                        | Name                                                    |  |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> 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.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:<br><ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> 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.<br><b>Column 4:</b> 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.<br><b>Column 5:</b> 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.<br>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.<br><b>Column 6:</b> 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.<br><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                          |                    |                         |                                   |                        | <b>G</b><br><br><b>Primary Transmitters: Television</b> |  |
| <b>CHANNEL LINE-UP AA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                         |                                   |                        |                                                         |  |
| 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 |                                                         |  |
| KGLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 42                       | I                  | Yes                     | O                                 | HAMMOND, LA            |                                                         |  |
| WAFB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                        | N                  | No                      |                                   | Baton Rouge, LA        |                                                         |  |
| WBRZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                        | N                  | No                      |                                   | Baton Rouge, LA        |                                                         |  |
| WDSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6                        | N                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WDSU-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6.2                      | I-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WGNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 26                       | N                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WGNO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 26.2                     | I-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WGNO-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 26.3                     | I-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WHNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20                       | I                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WLPB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 27                       | E                  | Yes                     | O                                 | Baton Rouge, LA        |                                                         |  |
| WLPB-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 27.2                     | E-M                | Yes                     | O                                 | Baton Rouge, LA        |                                                         |  |
| WLPB-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 27.3                     | E-M                | Yes                     | O                                 | Baton Rouge, LA        |                                                         |  |
| WNOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 38                       | I                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WNOL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 38.2                     | I                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WNOL-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 38.3                     | I-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WPXL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 49                       | I                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WUPL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 54                       | I                  | Yes                     | O                                 | Slidell, LA            |                                                         |  |
| WUPL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 54.2                     | I-M                | Yes                     | O                                 | Slidell, LA            |                                                         |  |
| WUPL-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 54.3                     | I-M                | Yes                     | O                                 | Slidell, LA            |                                                         |  |
| WVUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8                        | I                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WVUE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8.2                      | I-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4                        | N                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WWL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4.2                      | I-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WWL-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4.6                      | I-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WYES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12                       | E                  | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WYES-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.2                     | E-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WYES-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.3                     | E-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |
| WYES-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.4                     | E-M                | Yes                     | O                                 | New Orleans, LA        |                                                         |  |

See instructions for additional information on alphabetization.

FORM SA3E, PAGE 3.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                    |                         | SYSTEM ID#<br><b>007718</b>       | Name                                                    |
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| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><p><b>In General:</b> 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><b>Substitute Basis Stations:</b> 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"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> 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><b>Column 3:</b> 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><b>Column 4:</b> 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><b>Column 5:</b> 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><b>Column 6:</b> 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><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                          |                    |                         |                                   | <b>G</b><br><br><b>Primary Transmitters: Television</b> |
| <b>CHANNEL LINE-UP AB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                         |                                   |                                                         |
| 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                                  |
| WAFB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9                        | N                  | No                      |                                   | Baton Rouge, LA                                         |
| WBRZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                        | N                  | No                      |                                   | Baton Rouge, LA                                         |
| WDSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6                        | N                  | No                      |                                   | New Orleans, LA                                         |
| WDSU-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6.2                      | I-M                | No                      |                                   | New Orleans, LA                                         |
| WGNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 26                       | N                  | No                      |                                   | New Orleans, LA                                         |
| WGNO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 26.2                     | I-M                | No                      |                                   | New Orleans, LA                                         |
| WGNO-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 26.3                     | I-M                | No                      |                                   | New Orleans, LA                                         |
| WHNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20                       | I                  | No                      |                                   | New Orleans, LA                                         |
| WLAE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 32                       | E                  | No                      |                                   | New Orleans, LA                                         |
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| WNOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 38                       | I                  | No                      |                                   | New Orleans, LA                                         |
| WNOL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 38.2                     | I                  | No                      |                                   | New Orleans, LA                                         |
| WNOL-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 38.3                     | I-M                | No                      |                                   | New Orleans, LA                                         |
| WPXL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 49                       | I                  | No                      |                                   | New Orleans, LA                                         |
| WUPL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 54                       | I                  | No                      |                                   | Slidell, LA                                             |
| WUPL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 54.2                     | I-M                | No                      |                                   | Slidell, LA                                             |
| WUPL-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 54.3                     | I-M                | No                      |                                   | Slidell, LA                                             |
| WVUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8                        | I                  | No                      |                                   | New Orleans, LA                                         |
| WVUE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8.2                      | I-M                | No                      |                                   | New Orleans, LA                                         |
| WWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4                        | N                  | No                      |                                   | New Orleans, LA                                         |
| WWL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4.2                      | I-M                | No                      |                                   | New Orleans, LA                                         |
| WWL-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4.6                      | I-M                | No                      |                                   | New Orleans, LA                                         |
| WYES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12                       | E                  | No                      |                                   | New Orleans, LA                                         |
| WYES-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12.2                     | E-M                | No                      |                                   | New Orleans, LA                                         |
| WYES-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12.3                     | E-M                | No                      |                                   | New Orleans, LA                                         |
| WYES-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12.4                     | E-M                | No                      |                                   | New Orleans, LA                                         |
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U.S. Copyright Office

FORM SA3E, PAGE 3.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                    |                         | SYSTEM ID#<br><b>007718</b>       |                        | Name                                                    |  |
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| <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><br><b>In General:</b> 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.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:<br><ul style="list-style-type: none"> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul> <b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> 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.<br><b>Column 4:</b> 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.<br><b>Column 5:</b> 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.<br>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.<br><b>Column 6:</b> 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.<br><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                          |                    |                         |                                   |                        | <b>G</b><br><br><b>Primary Transmitters: Television</b> |  |
| <b>CHANNEL LINE-UP AD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                         |                                   |                        |                                                         |  |
| 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 |                                                         |  |
| KGLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 42                       | I                  | No                      |                                   | HAMMOND, LA            |                                                         |  |
| WAFB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                        | N                  | No                      |                                   | Baton Rouge, LA        |                                                         |  |
| WBRZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                        | N                  | No                      |                                   | Baton Rouge, LA        |                                                         |  |
| WDSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6                        | N                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WDSU-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6.2                      | I-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WGNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 26                       | N                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WGNO-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 26.2                     | I-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WGNO-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 26.3                     | I-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WHNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20                       | I                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WLPB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 27                       | E                  | No                      |                                   | Baton Rouge, LA        |                                                         |  |
| WLPB-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 27.2                     | E-M                | No                      |                                   | Baton Rouge, LA        |                                                         |  |
| WLPB-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 27.3                     | E-M                | No                      |                                   | Baton Rouge, LA        |                                                         |  |
| WNOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 38                       | I                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WNOL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 38.2                     | I                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WNOL-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 38.3                     | I-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WPXL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 49                       | I                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WUPL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 54                       | I                  | No                      |                                   | Slidell, LA            |                                                         |  |
| WUPL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 54.2                     | I-M                | No                      |                                   | Slidell, LA            |                                                         |  |
| WUPL-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 54.3                     | I-M                | No                      |                                   | Slidell, LA            |                                                         |  |
| WVUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8                        | I                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WVUE-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8.2                      | I-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4                        | N                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WWL-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4.2                      | I-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WWL-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4.6                      | I-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WYES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12                       | E                  | No                      |                                   | New Orleans, LA        |                                                         |  |
| WYES-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.2                     | E-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WYES-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.3                     | E-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
| WYES-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.4                     | E-M                | No                      |                                   | New Orleans, LA        |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                    |                         |                                   |                        |                                                         |  |

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

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|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------|----|-----------------------------|---------------------------------|------|----|
| Name                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |      |    | SYSTEM ID#<br><b>007718</b> |                                 |      |    |
| <div>J</div> <div>Part-Time Carriage Log</div> | <b>PART-TIME CARRIAGE LOG</b><br><b>In General:</b> This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.<br><b>Column 1 (Call sign):</b> Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.<br><b>Column 2 (Dates and hours of carriage):</b> For each station, list the dates and hours when part-time carriage occurred during the accounting period.<br>• Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."<br>• State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."<br>• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." |                                 |      |    |                             |                                 |      |    |
|                                                | DATES AND HOURS OF PART-TIME CARRIAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |      |    |                             |                                 |      |    |
|                                                | CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WHEN CARRIAGE OCCURRED<br>HOURS |      |    | CALL SIGN                   | WHEN CARRIAGE OCCURRED<br>HOURS |      |    |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>SYSTEM ID#</b><br><b>007718</b> | <b>Name</b>                              |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> 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.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | <b>K</b><br><b>Gross Receipts</b>        |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts. <div style="float: right; border: 1px solid black; padding: 5px; text-align: right;"> <b>\$ 2,338,296.26</b><br/> <small>(Amount of gross receipts)</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                          |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• 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.<br>• 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.<br>▶ 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.<br>▶ 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.<br>▶ 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | <b>L</b><br><b>Copyright Royalty Fee</b> |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MINIMUM FEE:</b> 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.<br>Line 1. Enter the amount of gross receipts from space K. <span style="float: right;"><b>\$ 2,338,296.26</b></span><br>Line 2. Multiply the amount in line 1 by 0.01064.<br>Enter the result here.<br>This is your minimum fee. <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 24,879.47</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                          |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISTANT TELEVISION STATIONS CARRIED:</b> 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.<br>• Did your cable system carry any distant television stations during the accounting period?<br><input 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. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero. <span style="float: right;"><b>\$ 7,772.94</b></span><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;"><b>0.00</b></span><br>Line 3. Add lines 1 and 2 and enter here. <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 7,772.94</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                          |
| Block 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. <span style="float: right;"><b>\$ 24,879.47</b></span><br>Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <span style="float: right; background-color: yellow;"><b>0.00</b></span><br>Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <span style="float: right;"><b>0.00</b></span><br>Line 4. <b>FILING FEE.</b> <span style="float: right;"><b>\$ 725.00</b></span><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$ 25,604.47</b></span><br><div style="margin-top: 10px;"> <b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> </div> <div style="margin-top: 10px;"> <a href="#">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.)</a> </div> |                                    |                                          |

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SYSTEM ID#</b><br><b>007718</b> |
| <b>M</b><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>38</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>428</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |
| <b>N</b><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>JACOB C. SCHLECHTE</b> Telephone <b>314-543-2294</b><br><br>Address <b>12405 POWERSCOURT DR</b><br>(Number, street, rural route, apartment, or suite number)<br><b>ST LOUIS, MO 63131-3674</b><br>(City, town, state, zip)<br><br>Email ..... Fax (optional) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |
| <b>O</b><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><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<br><br><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<br><br><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.<br><br>• 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.<br>[18 U.S.C., Section 1001(1986)]<br><br> <b>X</b> <b>/s/ Jacob Schlechte</b><br><br>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.<br><br>Typed or printed name: <b>Jacob Schlechte</b><br><br>Title: <b>Director - Accounting - Charter Communications, Inc.</b><br>(Title of official position held in corporation or partnership)<br><br>Date: <b>08/22/25</b> |                                    |

**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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                                                              |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SYSTEM ID#</b><br><b>007718</b>                    | <b>Name</b>                                                                  |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"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."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.<br><br>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?<br><br><input checked="" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |
| Name _____<br>Mailing Address _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name _____<br>Mailing Address _____<br>_____<br>_____ |                                                                              |
| <b>INTEREST ASSESSMENTS</b><br><br>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.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . . _____<br><div style="text-align: right;">x _____</div><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><div style="text-align: right;">x _____ days</div><br>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><div style="text-align: right;">x 0.00274</div><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . \$ -<br><div style="text-align: right;">(interest charge)</div><br><p>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.</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><br>Owner _____<br>Address _____<br>_____<br>First community served _____<br>Accounting period _____<br>ID number _____ |                                                       | <b>Q</b><br><br><b>Interest Assessment</b>                                   |

**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)

|                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |       |           |     |                                    |     |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|-----|------------------------------------|-----|
| <b>1</b>                                                                                                                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                               |       |           |     | <b>SYSTEM ID#</b><br><b>007718</b> |     |
|                                                                                                                            | <b>SUM OF DSEs OF CATEGORY "O" STATIONS:</b><br>• Add the DSEs of each station.<br>Enter the sum here and in line 1 of part 5 of this schedule.                                                                                                                                                                                                     |       |           |     | <b>18.50</b>                       |     |
| <b>2</b>                                                                                                                   | <b>Instructions:</b><br><b>In the column headed "Call Sign":</b> list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).<br><b>In the column headed "DSE":</b> for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." |       |           |     |                                    |     |
| Computation of DSEs for Category "O" Stations<br><br>Add rows as necessary.<br>Remember to copy all formula into new rows. | <b>CATEGORY "O" STATIONS: DSEs</b>                                                                                                                                                                                                                                                                                                                  |       |           |     |                                    |     |
|                                                                                                                            | CALL SIGN                                                                                                                                                                                                                                                                                                                                           | DSE   | CALL SIGN | DSE | CALL SIGN                          | DSE |
|                                                                                                                            | KGLA                                                                                                                                                                                                                                                                                                                                                | 1.000 |           |     |                                    |     |
|                                                                                                                            | WDSU                                                                                                                                                                                                                                                                                                                                                | 0.250 |           |     |                                    |     |
|                                                                                                                            | WDSU-2                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WGNO                                                                                                                                                                                                                                                                                                                                                | 0.250 |           |     |                                    |     |
|                                                                                                                            | WGNO-2                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WGNO-3                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WHNO                                                                                                                                                                                                                                                                                                                                                | 1.000 |           |     |                                    |     |
|                                                                                                                            | WLPB                                                                                                                                                                                                                                                                                                                                                | 0.250 |           |     |                                    |     |
|                                                                                                                            | WLPB-2                                                                                                                                                                                                                                                                                                                                              | 0.250 |           |     |                                    |     |
|                                                                                                                            | WLPB-3                                                                                                                                                                                                                                                                                                                                              | 0.250 |           |     |                                    |     |
|                                                                                                                            | WNOL                                                                                                                                                                                                                                                                                                                                                | 1.000 |           |     |                                    |     |
|                                                                                                                            | WNOL-2                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WNOL-3                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WPXL                                                                                                                                                                                                                                                                                                                                                | 1.000 |           |     |                                    |     |
|                                                                                                                            | WUPL                                                                                                                                                                                                                                                                                                                                                | 1.000 |           |     |                                    |     |
|                                                                                                                            | WUPL-2                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WUPL-3                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WVUE                                                                                                                                                                                                                                                                                                                                                | 1.000 |           |     |                                    |     |
|                                                                                                                            | WVUE-2                                                                                                                                                                                                                                                                                                                                              | 1.000 |           |     |                                    |     |
|                                                                                                                            | WWL                                                                                                                                                                                                                                                                                                                                                 | 0.250 |           |     |                                    |     |
|                                                                                                                            | WWL-2                                                                                                                                                                                                                                                                                                                                               | 1.000 |           |     |                                    |     |
|                                                                                                                            | WWL-6                                                                                                                                                                                                                                                                                                                                               | 1.000 |           |     |                                    |     |
|                                                                                                                            | WYES                                                                                                                                                                                                                                                                                                                                                | 0.250 |           |     |                                    |     |
|                                                                                                                            | WYES-2                                                                                                                                                                                                                                                                                                                                              | 0.250 |           |     |                                    |     |
|                                                                                                                            | WYES-3                                                                                                                                                                                                                                                                                                                                              | 0.250 |           |     |                                    |     |
|                                                                                                                            | WYES-4                                                                                                                                                                                                                                                                                                                                              | 0.250 |           |     |                                    |     |
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|                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |       |           |     |                                    |     |

| Name                                                                                                                                                                                                                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SYSTEM ID#<br><b>007718</b>                   |                                            |                                  |                  |                             |                                 |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|----------------------------------|------------------|-----------------------------|---------------------------------|--------|
| <b>3</b><br><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity                                                                                                  | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> 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.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> 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. |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF HOURS<br>CARRIED BY<br>SYSTEM | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR | 4. BASIS OF<br>CARRIAGE<br>VALUE | 5. TYPE<br>VALUE | 6. DSE                      |                                 |        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          | x                                | =                |                             |                                 |        |
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| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, .....▶ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>4</b><br><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations                                                                                                                                                           | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• 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<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> 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.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> 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).                                                                                                                         |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. NUMBER<br>OF<br>PROGRAMS                   | 3. NUMBER<br>OF DAYS<br>IN YEAR            | 4. DSE                           | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS | 3. NUMBER<br>OF DAYS<br>IN YEAR | 4. DSE |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                             | =                                          |                                  |                  | ÷                           | =                               |        |
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| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, .....▶ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                            |                                  |                  |                             |                                 |        |
| <b>5</b><br><br>Total Number<br>of DSEs                                                                                                                                                                                               | <b>TOTAL NUMBER OF DSEs:</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                            |                                  |                  |                             |                                 |        |
|                                                                                                                                                                                                                                       | 1. Number of DSEs from part 2 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | ▶                                          |                                  | <b>18.50</b>     |                             |                                 |        |
|                                                                                                                                                                                                                                       | 2. Number of DSEs from part 3 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | ▶                                          |                                  | <b>0.00</b>      |                             |                                 |        |
|                                                                                                                                                                                                                                       | 3. Number of DSEs from part 4 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | ▶                                          |                                  | <b>0.00</b>      |                             |                                 |        |
|                                                                                                                                                                                                                                       | TOTAL NUMBER OF DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                            |                                  |                  | <b>18.50</b>                |                                 |        |

[illegible]

| Name                                                                                                                                                                                                                                                                                                                                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SYSTEM ID#<br><b>007718</b> |                         |                         |                   |                     |
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| <b>Worksheet for<br/>Computing<br/>the DSE<br/>Schedule for<br/>Permitted<br/>Part-Time and<br/>Substitute<br/>Carriage</b>                                                                                                                                                                                                                   | <p><b>Instructions:</b> You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</p> <p>Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule.</p> <p>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</p> <p>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</p> <p>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:<br/>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</p> <p>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</p> <p>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</p> <p>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</p> <p>Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</p> <p><b>IMPORTANT:</b> The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Division.</p> |                             |                         |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               | <b>PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                         |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               | 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. PRIOR<br>DSE             | 3. ACCOUNTING<br>PERIOD | 4. BASIS OF<br>CARRIAGE | 5. PRESENT<br>DSE | 6. PERMITTED<br>DSE |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
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| <b>7<br/>Computation<br/>of the<br/>Syndicated<br/>Exclusivity<br/>Surcharge</b>                                                                                                                                                                                                                                                              | <p><b>Instructions:</b> Block A must be completed.</p> <p>In block A:<br/>If your answer is "Yes," complete blocks B and C, below.<br/>If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                         |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               | <b>BLOCK A: MAJOR TELEVISION MARKET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                         |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               | <p>• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?</p> <p><input checked="" type="checkbox"/> Yes—Complete blocks B and C.      <input type="checkbox"/> No—Proceed to part 8</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                         |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               | <b>BLOCK B: Carriage of VHF/Grade B Contour Stations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                         |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               | <p>Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?</p> <p><input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE<br/><input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                         |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               | CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DSE                         | CALL SIGN               | DSE                     |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
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| <b>TOTAL DSEs</b>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>0.00</b>                 |                         |                         |                   |                     |
| <b>BLOCK C: Computation of Exempt DSEs</b>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
| <p>Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)</p> <p><input type="checkbox"/> Yes—List each station below with its appropriate permitted DSE<br/><input checked="" type="checkbox"/> No—Enter zero and proceed to part 8.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
| CALL SIGN                                                                                                                                                                                                                                                                                                                                     | DSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CALL SIGN                   | DSE                     |                         |                   |                     |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
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|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
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|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
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|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                         |                         |                   |                     |
| <b>TOTAL DSEs</b>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>0.00</b>                 |                         |                         |                   |                     |

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                           |                             |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                                                                                    |                                                                                                                                                                                                                                                                           | SYSTEM ID#<br><b>007718</b> | Name                |
| <b>BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE</b>                                                                                                                                                      |                                                                                                                                                                                                                                                                           |                             |                     |
| Section<br>1                                                                                                                                                                                                             | Enter the amount of gross receipts from space K (page 7) . . . . . ▶ \$                                                                                                                                                                                                   |                             | <b>2,338,296.26</b> |
| Section<br>2                                                                                                                                                                                                             | A. Enter the total DSEs from block B of part 7 . . . . . ▶                                                                                                                                                                                                                |                             | <b>0.00</b>         |
|                                                                                                                                                                                                                          | B. Enter the total number of exempt DSEs from block C of part 7 . . . . . ▶                                                                                                                                                                                               |                             | <b>0.00</b>         |
|                                                                                                                                                                                                                          | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. <b>If zero, proceed to part 8.</b> . . . . . ▶ \$                                                                                                   |                             | <b>0.00</b>         |
| • Is any portion of the cable system within a top 50 television market as defined by the FCC?<br><input type="checkbox"/> Yes—Complete section 3 below. <input checked="" type="checkbox"/> No—Complete section 4 below. |                                                                                                                                                                                                                                                                           |                             |                     |
| <b>SECTION 3: TOP 50 TELEVISION MARKET</b>                                                                                                                                                                               |                                                                                                                                                                                                                                                                           |                             |                     |
| Section<br>3a                                                                                                                                                                                                            | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below. |                             |                     |
|                                                                                                                                                                                                                          | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.                                         |                             |                     |
|                                                                                                                                                                                                                          | A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . ▶ \$                                                                                                                                                                                               |                             |                     |
|                                                                                                                                                                                                                          | B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . ▶ \$                                                                                                                                                                                               |                             |                     |
|                                                                                                                                                                                                                          | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . ▶                                                                                                                                                                |                             |                     |
|                                                                                                                                                                                                                          | D. Multiply line B by line C and enter here . . . . . ▶                                                                                                                                                                                                                   |                             |                     |
|                                                                                                                                                                                                                          | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)                                                                                                                                                                     |                             |                     |
|                                                                                                                                                                                                                          | <b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$                                                                                                                                                                                                                    |                             |                     |
| Section<br>3b                                                                                                                                                                                                            | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.                                                                                                                                                            |                             |                     |
|                                                                                                                                                                                                                          | A. Enter 0.00599 of gross receipts (the amount in section 1) . . . . . ▶ \$                                                                                                                                                                                               |                             |                     |
|                                                                                                                                                                                                                          | B. Enter 0.00377 of gross receipts (the amount in section 1) . . . . . ▶ \$                                                                                                                                                                                               |                             |                     |
|                                                                                                                                                                                                                          | C. Multiply line B by 3.000 and enter here . . . . . ▶ \$                                                                                                                                                                                                                 |                             |                     |
|                                                                                                                                                                                                                          | D. Enter 0.00178 of gross receipts (the amount in section 1) . . . . . ▶ \$                                                                                                                                                                                               |                             |                     |
|                                                                                                                                                                                                                          | E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here . . . . . ▶                                                                                                                                                                          |                             |                     |
|                                                                                                                                                                                                                          | F. Multiply line D by line E and enter here . . . . . ▶ \$                                                                                                                                                                                                                |                             |                     |
|                                                                                                                                                                                                                          | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)                                                                                                                                                                 |                             |                     |
|                                                                                                                                                                                                                          | <b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$                                                                                                                                                                                                                    |                             |                     |
| <b>SECTION 4: SECOND 50 TELEVISION MARKET</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                                           |                             |                     |
| Section<br>4a                                                                                                                                                                                                            | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input type="checkbox"/> Yes—Complete part 9 of this schedule. <input checked="" type="checkbox"/> No—Complete the applicable section below.   |                             |                     |
|                                                                                                                                                                                                                          | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.                                          |                             |                     |
|                                                                                                                                                                                                                          | A. Enter 0.00300 of gross receipts (the amount in section 1) . . . . . ▶ \$                                                                                                                                                                                               |                             |                     |
|                                                                                                                                                                                                                          | B. Enter 0.00189 of gross receipts (the amount in section 1) . . . . . ▶ \$                                                                                                                                                                                               |                             |                     |
|                                                                                                                                                                                                                          | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here . . . . . ▶                                                                                                                                                                |                             |                     |
|                                                                                                                                                                                                                          | D. Multiply line B by line C and enter here . . . . . ▶ \$                                                                                                                                                                                                                |                             |                     |
|                                                                                                                                                                                                                          | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)                                                                                                                                                                     |                             |                     |
|                                                                                                                                                                                                                          | <b>Syndicated Exclusivity Surcharge</b> . . . . . ▶ \$                                                                                                                                                                                                                    |                             |                     |

**7**

Computation  
of the  
Syndicated  
Exclusivity  
Surcharge

| Name                                                                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SYSTEM ID#<br><b>007718</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>7</b><br><br>Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge | Section<br>4b                                                         | <div>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</div> <div>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>F. Multiply line D by line E and enter here . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>G. Add lines A, C, and F. This is your surcharge.<br/>Enter here and on line 2, block 4, space L (page 7)</div> <div>Syndicated Exclusivity Surcharge. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                 | <b>8</b><br><br>Computation<br>of<br>Base Rate Fee                    | <b>Instructions:</b><br>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.<br>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>• 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.<br><b>What is a partially distant station?</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                 |                                                                       | <b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                 |                                                                       | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input checked="checked" type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the following sections.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                 |                                                                       | <b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                 |                                                                       | Section<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                 |                                                                       | Section<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                 |                                                                       | Section<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank.<br/>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.</div> <div>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1). . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>C. Subtract 1.000 from total DSEs<br/>(the figure in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span> -</div> <div>D. Multiply line B by line C and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span></div> <div>E. Add lines A and D. This is your base rate fee. Enter here<br/>and in block 3, line 1, space L (page 7)</div> <div>Base Rate Fee. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; background-color: yellow;"></span> <b>0.00</b></div> |  |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**Renaissance Media, LLC****007718**

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Section<br><b>4</b> | <p>If the figure in section 2 is <b>more than 4,000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(the figure 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 base rate fee.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <b>0.00</b></p> | <b>8</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b> |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

**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.

**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:

- 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:
  - 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.

**9**

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

|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-----|------------------------|--------------------------------------|-----------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                             |     |           |     |                        |                                      | SYSTEM ID#<br><b>007718</b> |      | Name                                                                                                                                       |  |                      |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                        | SECOND SUBSCRIBER GROUP              |                             |      |                                                                                                                                            |  |                      |  |
| COMMUNITY/ AREA <b>See Section D</b>                                                                                                                              |     |           |     |                        | COMMUNITY/ AREA <b>See Section D</b> |                             |      |                                                                                                                                            |  |                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN              | DSE                                  | CALL SIGN                   | DSE  | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |                      |  |
|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
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|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
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|                                                                                                                                                                   |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  |                      |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>            |                                      | Total DSEs                  |      |                                                                                                                                            |  | <b>0.00</b>          |  |
| Gross Receipts First Group                                                                                                                                        |     |           |     | \$ <b>1,065,948.05</b> |                                      | Gross Receipts Second Group |      |                                                                                                                                            |  | \$ <b>402,163.42</b> |  |
| Base Rate Fee First Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>         |                                      | Base Rate Fee Second Group  |      |                                                                                                                                            |  | \$ <b>0.00</b>       |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |     |           |     |                        | FOURTH SUBSCRIBER GROUP              |                             |      |                                                                                                                                            |  |                      |  |
| COMMUNITY/ AREA <b>See Section D</b>                                                                                                                              |     |           |     |                        | COMMUNITY/ AREA <b>See Section D</b> |                             |      |                                                                                                                                            |  |                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN | DSE | CALL SIGN              | DSE                                  | CALL SIGN                   | DSE  | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |                      |  |
|                                                                                                                                                                   |     |           |     | KGLA                   | 1.00                                 | WVUE-2                      | 1.00 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WDSU                   | 0.25                                 | WWL                         | 0.25 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WDSU-2                 | 1.00                                 | WWL-2                       | 1.00 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WGNO                   | 0.25                                 | WWL-6                       | 1.00 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WGNO-2                 | 1.00                                 | WYES                        | 0.25 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WGNO-3                 | 1.00                                 | WYES-2                      | 0.25 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WHNO                   | 1.00                                 | WYES-3                      | 0.25 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WNOL                   | 1.00                                 | WYES-4                      | 0.25 |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WNOL-2                 | 1.00                                 |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WNOL-3                 | 1.00                                 |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WPXL                   | 1.00                                 |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WUPL                   | 1.00                                 |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WUPL-2                 | 1.00                                 |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WUPL-3                 | 1.00                                 |                             |      |                                                                                                                                            |  |                      |  |
|                                                                                                                                                                   |     |           |     | WVUE                   | 1.00                                 |                             |      |                                                                                                                                            |  |                      |  |
| Total DSEs                                                                                                                                                        |     |           |     | <b>0.00</b>            |                                      | Total DSEs                  |      |                                                                                                                                            |  | <b>17.75</b>         |  |
| Gross Receipts Third Group                                                                                                                                        |     |           |     | \$ <b>123,342.19</b>   |                                      | Gross Receipts Fourth Group |      |                                                                                                                                            |  | \$ <b>26,252.65</b>  |  |
| Base Rate Fee Third Group                                                                                                                                         |     |           |     | \$ <b>0.00</b>         |                                      | Base Rate Fee Fourth Group  |      |                                                                                                                                            |  | \$ <b>2,022.64</b>   |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |           |     |                        |                                      |                             |      |                                                                                                                                            |  | \$ <b>7,772.94</b>   |  |

|                                                                                                                                                                   |      |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                             |      |           |     |                                                                               |                          | <b>SYSTEM ID#</b><br><b>007718</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |      |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |      |           |     |                                                                               | SIXTH SUBSCRIBER GROUP   |                                    |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>See Section D</b>                                                                                                                              |      |           |     |                                                                               | COMMUNITY/ AREA <b>0</b> |                                    |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE  | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                      | CALL SIGN                          | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
| WLPB                                                                                                                                                              | 0.25 |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
| WLPB-2                                                                                                                                                            | 0.25 |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
| WLPB-3                                                                                                                                                            | 0.25 |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
|                                                                                                                                                                   |      |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |      |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.75</b></span>                                                                                                         |      |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                          |                                    |     |                                                                                                                                            |  |
| Gross Receipts First Group <span style="float: right;">\$ <b>720,589.95</b></span>                                                                                |      |           |     | Gross Receipts Second Group <span style="float: right;">\$ <b>0.00</b></span> |                          |                                    |     |                                                                                                                                            |  |
| Base Rate Fee First Group <span style="float: right;">\$ <b>5,750.31</b></span>                                                                                   |      |           |     | Base Rate Fee Second Group <span style="float: right;">\$ <b>0.00</b></span>  |                          |                                    |     |                                                                                                                                            |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |      |           |     |                                                                               | EIGHTH SUBSCRIBER GROUP  |                                    |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |      |           |     |                                                                               | COMMUNITY/ AREA <b>0</b> |                                    |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE  | CALL SIGN | DSE | CALL SIGN                                                                     | DSE                      | CALL SIGN                          | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |      |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |      |           |     |                                                                               |                          |                                    |     |                                                                                                                                            |  |
| Total DSEs <span style="float: right;"><b>0.00</b></span>                                                                                                         |      |           |     | Total DSEs <span style="float: right;"><b>0.00</b></span>                     |                          |                                    |     |                                                                                                                                            |  |
| Gross Receipts Third Group <span style="float: right;">\$ <b>0.00</b></span>                                                                                      |      |           |     | Gross Receipts Fourth Group <span style="float: right;">\$ <b>0.00</b></span> |                          |                                    |     |                                                                                                                                            |  |
| Base Rate Fee Third Group <span style="float: right;">\$ <b>0.00</b></span>                                                                                       |      |           |     | Base Rate Fee Fourth Group <span style="float: right;">\$ <b>0.00</b></span>  |                          |                                    |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |      |           |     |                                                                               |                          |                                    |     | <div style="border: 1px solid black; background-color: yellow; width: 150px; height: 20px; margin: 0 auto;"></div>                         |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                        |     |                                      |     |                                    |     |                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------|-----|--------------------------------------|-----|------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                             |     |                        |     |                                      |     | <b>SYSTEM ID#</b><br><b>007718</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                        |     |                                      |     |                                    |     |                                                                                                                                            |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |     |                        |     | SECOND SUBSCRIBER GROUP              |     |                                    |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>See Section D</b>                                                                                                                              |     |                        |     | COMMUNITY/ AREA <b>See Section D</b> |     |                                    |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN              | DSE | CALL SIGN                            | DSE | CALL SIGN                          | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                        |     |                                      |     |                                    |     |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                        |     |                                      |     |                                    |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                        |     |                                      |     |                                    |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>            |     | Total DSEs                           |     | <b>0.00</b>                        |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 1,065,948.05</b> |     | Gross Receipts Second Group          |     | <b>\$ 402,163.42</b>               |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b>         |     | Base Rate Fee Second Group           |     | <b>\$ 0.00</b>                     |     |                                                                                                                                            |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |     |                        |     | FOURTH SUBSCRIBER GROUP              |     |                                    |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>See Section D</b>                                                                                                                              |     |                        |     | COMMUNITY/ AREA <b>See Section D</b> |     |                                    |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN              | DSE | CALL SIGN                            | DSE | CALL SIGN                          | DSE |                                                                                                                                            |  |
|                                                                                                                                                                   |     |                        |     |                                      |     |                                    |     |                                                                                                                                            |  |
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|                                                                                                                                                                   |     |                        |     |                                      |     |                                    |     |                                                                                                                                            |  |
| Total DSEs                                                                                                                                                        |     | <b>0.00</b>            |     | Total DSEs                           |     | <b>0.00</b>                        |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 123,342.19</b>   |     | Gross Receipts Fourth Group          |     | <b>\$ 26,252.65</b>                |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b>         |     | Base Rate Fee Fourth Group           |     | <b>\$ 0.00</b>                     |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                        |     |                                      |     |                                    |     | <b>\$ 0.00</b>                                                                                                                             |  |

**Nonpermitted 3.75 Stations**

|                                                                                                                                                                   |     |                      |     |                             |                          |                                    |     |                                                                                                                                            |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Renaissance Media, LLC</b>                                                                                             |     |                      |     |                             |                          | <b>SYSTEM ID#</b><br><b>007718</b> |     | Name                                                                                                                                       |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                      |     |                             |                          |                                    |     |                                                                                                                                            |  |
| FIFTH SUBSCRIBER GROUP                                                                                                                                            |     |                      |     |                             | SIXTH SUBSCRIBER GROUP   |                                    |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>See Section D</b>                                                                                                                              |     |                      |     |                             | COMMUNITY/ AREA <b>0</b> |                                    |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                   | DSE                      | CALL SIGN                          | DSE | <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |
|                                                                                                                                                                   |     |                      |     |                             |                          |                                    |     |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>          |     | Total DSEs                  |                          | <b>0.00</b>                        |     |                                                                                                                                            |  |
| Gross Receipts First Group                                                                                                                                        |     | <b>\$ 720,589.95</b> |     | Gross Receipts Second Group |                          | <b>\$ 0.00</b>                     |     |                                                                                                                                            |  |
| Base Rate Fee First Group                                                                                                                                         |     | <b>\$ 0.00</b>       |     | Base Rate Fee Second Group  |                          | <b>\$ 0.00</b>                     |     |                                                                                                                                            |  |
| SEVENTH SUBSCRIBER GROUP                                                                                                                                          |     |                      |     |                             | EIGHTH SUBSCRIBER GROUP  |                                    |     |                                                                                                                                            |  |
| COMMUNITY/ AREA <b>0</b>                                                                                                                                          |     |                      |     |                             | COMMUNITY/ AREA <b>0</b> |                                    |     |                                                                                                                                            |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN            | DSE | CALL SIGN                   | DSE                      | CALL SIGN                          | DSE |                                                                                                                                            |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>          |     | Total DSEs                  |                          | <b>0.00</b>                        |     |                                                                                                                                            |  |
| Gross Receipts Third Group                                                                                                                                        |     | <b>\$ 0.00</b>       |     | Gross Receipts Fourth Group |                          | <b>\$ 0.00</b>                     |     |                                                                                                                                            |  |
| Base Rate Fee Third Group                                                                                                                                         |     | <b>\$ 0.00</b>       |     | Base Rate Fee Fourth Group  |                          | <b>\$ 0.00</b>                     |     |                                                                                                                                            |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                      |     |                             |                          |                                    |     | <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                    |  |

| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</b>                                          | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"><div>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/><b>Renaissance Media, LLC</b></div><div style="text-align: right;"><b>SYSTEM ID#</b><br/><b>007718</b></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b></div> <p>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:</p> <p style="text-align: center;"><input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market</p> <p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> 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.</p> <p><b>Step 2:</b> 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.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%; text-align: center;">FIRST SUBSCRIBER GROUP</th><th style="width: 50%; text-align: center;">SECOND SUBSCRIBER GROUP</th></tr></thead><tbody><tr><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">Line 3: Subtract line 2 from line 1 and enter here. 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Enter here and in block 4, line 2 of space L (page /) . . . . . \$ <input style="width: 100px;" type="text"/></div> | FIRST SUBSCRIBER GROUP | SECOND SUBSCRIBER GROUP | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" 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 . . . . . <input style="width: 100px;" 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 . . . . . <input style="width: 100px;" type="text"/> | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/> | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/> | THIRD SUBSCRIBER GROUP | FOURTH SUBSCRIBER GROUP | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 3: Subtract line 2 from line 1 and enter here. 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| FIRST SUBSCRIBER GROUP                                                                                                                                                                                   | SECOND SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                       | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>First Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Second Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| THIRD SUBSCRIBER GROUP                                                                                                                                                                                   | FOURTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Third Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                           | <b>SYNDICATED EXCLUSIVITY SURCHARGE</b><br>Fourth Group . . . . . \$ <input style="width: 100px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>9</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>and<br/>Syndicated<br/>Exclusivity<br/>Surcharge<br/>for<br/>Partially<br/>Distant<br/>Stations</b>                                          | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"><div>LEGAL NAME OF OWNER OF CABLE SYSTEM:<br/><b>Renaissance Media, LLC</b></div><div><b>SYSTEM ID#</b><br/><b>007718</b></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><b>BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP</b></div> <p>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:</p> <p style="text-align: center;"><input type="checkbox"/> First 50 major television market                      <input type="checkbox"/> Second 50 major television market</p> <p><b>INSTRUCTIONS:</b></p> <p><b>Step 1:</b> 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.</p> <p><b>Step 2:</b> 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.</p> <p><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</p> <p><b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%; text-align: center;">FIFTH SUBSCRIBER GROUP</th><th style="width: 50%; text-align: center;">SIXTH SUBSCRIBER GROUP</th></tr></thead><tbody><tr><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td><td style="padding: 5px;">Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/></td></tr><tr><td style="padding: 5px;">Line 3: Subtract line 2 from line 1 and enter here. 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Enter here and in block 4, line 2 of space L (page /) . . . . . \$ <input style="width: 100px;" type="text"/></div> | FIFTH SUBSCRIBER GROUP | SIXTH SUBSCRIBER GROUP | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 1: Enter the VHF DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" type="text"/> | Line 2: Enter the Exempt DSEs . . . . . <input style="width: 100px;" 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 . . . . . <input style="width: 100px;" type="text"/> | Line 3: Subtract line 2 from line 1 and enter here. 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| FIFTH SUBSCRIBER GROUP                                                                                                                                                                                   | SIXTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| SEVENTH SUBSCRIBER GROUP                                                                                                                                                                                 | EIGHTH SUBSCRIBER GROUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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CONTROL #:

REMITTANCE #:



# Cable Worksheet

 Total amount of  
remittance

Number of SAs rec'd

Initials

Date of remittance

☐ Check☐ EFT☐ FILING FEES

| Cable ID #                                                                              |             |                            |                   | Amount                                                                                   | Initials |
|-----------------------------------------------------------------------------------------|-------------|----------------------------|-------------------|------------------------------------------------------------------------------------------|----------|
| Examined by                                                                             | Reviewed by | Date examination completed | Allocation number |                                                                                          |          |
| <b>Space A</b><br><b>Accounting Period</b>                                              |             |                            |                   |                                                                                          |          |
|                                                                                         |             |                            |                   | (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                                         |          |
| <b>Space B</b><br><b>Owner</b>                                                          |             |                            |                   |                                                                                          |          |
|                                                                                         |             |                            |                   |                                                                                          |          |
| <input type="checkbox"/> Letter sent                                                    |             |                            |                   | <input type="checkbox"/> Information received                                            |          |
| <input type="checkbox"/> Accepted                                                       |             |                            |                   | <input type="checkbox"/> Phone call/Date/Contact                                         |          |
| <b>Space D</b><br><b>Area Served</b>                                                    |             |                            |                   |                                                                                          |          |
|                                                                                         |             |                            |                   |                                                                                          |          |
| <input type="checkbox"/> Letter sent                                                    |             |                            |                   | <input type="checkbox"/> Information received                                            |          |
| <input type="checkbox"/> Accepted                                                       |             |                            |                   | <input type="checkbox"/> Phone call/Date/Contact                                         |          |
| <b>Space E</b><br><b>Secondary Transission Service</b><br><b>Subscribers: and Rates</b> |             |                            |                   |                                                                                          |          |
|                                                                                         |             |                            |                   |                                                                                          |          |
| <input type="checkbox"/> Letter sent                                                    |             |                            |                   | <input type="checkbox"/> Information received                                            |          |
| <input type="checkbox"/> Accepted                                                       |             |                            |                   | <input type="checkbox"/> Phone call/Date/Contact                                         |          |
| <b>Space G</b><br><b>Primary Transmitters: Television</b>                               |             |                            |                   |                                                                                          |          |
|                                                                                         |             |                            |                   |                                                                                          |          |
| <input type="checkbox"/> Letter sent                                                    |             |                            |                   | <input type="checkbox"/> Information received                                            |          |
| <input type="checkbox"/> Accepted                                                       |             |                            |                   | <input type="checkbox"/> Phone call/Date/Contact                                         |          |
| <b>Space H</b><br><b>Primary Transmitters: Radio</b>                                    |             |                            |                   |                                                                                          |          |
|                                                                                         |             |                            |                   |                                                                                          |          |
| <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  |                         |
|                                                |                                                   | <b>Space J</b>          |
|                                                |                                                   | <b>Part-time</b>        |
|                                                |                                                   | <b>Carriage Log</b>     |
|                                                |                                                   | <b>(SA3 only)</b>       |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                         |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                         |
|                                                |                                                   | <b>Space K</b>          |
|                                                |                                                   | <b>Gross Receipts</b>   |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                         |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                         |
|                                                |                                                   | <b>Space L</b>          |
|                                                |                                                   | <b>Copyright Filing</b> |
|                                                |                                                   | <b>and Royalty Fees</b> |
| <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  |                         |
|                                                |                                                   |                         |
|                                                |                                                   | <b>Space M</b>          |
|                                                |                                                   | <b>Channels</b>         |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                         |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                         |
|                                                |                                                   | <b>Space O</b>          |
|                                                |                                                   | <b>Certification</b>    |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                         |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                         |
|                                                |                                                   | <b>Space P</b>          |
|                                                |                                                   | <b>Statement of</b>     |
|                                                |                                                   | <b>Gross Receipts</b>   |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received     |                         |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                         |
|                                                |                                                   | <b>Space Q</b>          |
|                                                |                                                   | <b>Interest</b>         |
|                                                |                                                   | <b>Assessment</b>       |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Info/add'l fee received  |                         |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact  |                         |