

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2).
If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

SA3E Long Form

Return completed workbook by
email to

coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/26/2026	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2025/2																											
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <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> ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 007449 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Time Warner Cable Midwest LLC TIME WARNER CABLE 007449 2025/2 12405 POWERSCOURT DRIVE ST. LOUIS, MO 63131																											
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. <table><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM: Charter Communications</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: 12405 POWERSCOURT DRIVE (Number, street, rural route, apartment, or suite number) ST. LOUIS, MO 63131 (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM: Charter Communications			2	MAILING ADDRESS OF CABLE SYSTEM: 12405 POWERSCOURT DRIVE (Number, street, rural route, apartment, or suite number) ST. LOUIS, MO 63131 (City, town, state, zip code)																		
1	IDENTIFICATION OF CABLE SYSTEM: Charter Communications																											
2	MAILING ADDRESS OF CABLE SYSTEM: 12405 POWERSCOURT DRIVE (Number, street, rural route, apartment, or suite number) ST. LOUIS, MO 63131 (City, town, state, zip code)																											
D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td>CITY OR TOWN</td><td colspan="3">STATE</td></tr><tr><td>Tiffin</td><td colspan="3">OH</td></tr></table> Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td>Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td>Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td>Gering</td><td>MD</td><td>B</td><td>3</td></tr></table>				CITY OR TOWN	STATE			Tiffin	OH			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																											
Tiffin	OH																											
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																									
Alda	MD	A	1																									
Alliance	MD	B	2																									
Gering	MD	B	3																									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#		D Area Served
Time Warner Cable Midwest LLC			007449		
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.					First Community
CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#	See instructions for additional information on alphabetization.
Tiffin	Seneca	OH	AB	3	
Adams Township	Seneca	OH	AJ	24	Add rows as necessary.
Allen Township	Hancock	OH	AG	13	
Allen Township	Ottawa	OH	AD	5	
Amanda Township	Allen	OH	AF	8	
Amanda Township	Hancock	OH	AG	14	
Amboy Township	Fulton	OH	AE	6	
American Township	Allen	OH	AF	9	
Arcadia Village	Hancock	OH	AD	5	
Archbold Village	Fulton	OH	AE	6	
Arlington Village	Hancock	OH	AG	14	
Attica Village	Seneca	OH	AI	18	
Auglaize Township	Allen	OH	AF	8	
Auglaize Township	Paulding	OH	AA	2	
Bairdstown Village	Wood	OH	AD	5	
Ballville Township	Sandusky	OH	AD	5	
Ballville Township	Sandusky	OH	AJ	22	
Bartlow Township	Henry	OH	AE	6	
Bath Township	Allen	OH	AF	9	
Beaverdam Village	Allen	OH	AF	8	
Bellevue	Huron	OH	AJ	21	
Bettsville Village	Seneca	OH	AD	5	
Big Spring Township	Seneca	OH	AM	29	
Biglick Township	Hancock	OH	AG	13	
Biglick Township	Hancock	OH	AD	5	
Blakeslee Village	Williams	OH	AE	7	
Blanchard Township	Putnam	OH	AK	25	
Bloom Township	Seneca	OH	AM	28	
Bloom Township	Wood	OH	AD	5	
Bloomdale Village	Wood	OH	AD	5	
Bloomville Village	Seneca	OH	AM	28	
Blue Creek Township	Paulding	OH	AC	4	
Bluffton Village	Allen	OH	AN	30	
Bluffton Village	Hancock	OH	AN	31	
Bowling Green	Wood	OH	AD	5	
Bradner Village	Wood	OH	AD	5	
Brady Township	Williams	OH	AA	1	
Bryan	Williams	OH	AA	1	
Buckland Village	Auglaize	OH	AF	10	
Burgoon Village	Sandusky	OH	AD	5	
Cairo Village	Allen	OH	AF	8	
Carey Village	Wyandot	OH	AM	27	
Cass Township	Hancock	OH	AG	13	
Cass Township	Hancock	OH	AD	5	
Cecil Village	Paulding	OH	AO	34	
Center Township	Williams	OH	AA	1	
Center Township	Wood	OH	AD	5	
Chatfield Township	Crawford	OH	AI	17	
Chatfield Village	Crawford	OH	AI	17	
Clay Center Village	Ottawa	OH	AD	5	
Clay Township	Ottawa	OH	AD	5	
Clinton Township	Fulton	OH	AE	6	
Clinton Township	Seneca	OH	AB	3	
Clyde	Sandusky	OH	AJ	23	
Columbus Grove Village	Putnam	OH	AK	25	
Cranberry Township	Crawford	OH	AI	16	
Crane Townhship	Paulding	OH	AO	34	
Crane Township	Wyandot	OH	AI	20	
Crawford Township	Wyandot	OH	AM	27	
Cridersville Village	Auglaize	OH	AF	11	
Custar Village	Wood	OH	AD	5	
Cygnnet Village	Wood	OH	AD	5	
Defiance	Defiance	OH	AA	1	
Defiance Township	Defiance	OH	AA	1	
Delaware Township	Hancock	OH	AG	14	
Delphos	Allen	OH	AL	26	
Delta Village	Fulton	OH	AE	6	
Deshler Village	Henry	OH	AE	6	
Dover Township	Fulton	OH	AE	6	
Eagle Township	Hancock	OH	AG	14	
East Point	Lucas	OH	AD	5	

Eden Township	Seneca	OH	AM	29
Eden Township	Seneca	OH	AB	3
Eden Township	Wyandot	OH	AI	20
Edgerton Village	Williams	OH	AA	1
Elida Village	Allen	OH	AF	8
Elmore Village	Sandusky	OH	AD	5
Emerald Township	Paulding	OH	AO	34
Fayette Village	Fulton	OH	AE	6
Findlay	Hancock	OH	AG	13
Florence Township	Williams	OH	AE	7
Florida Village	Henry	OH	AE	6
Fostoria	Hancock	OH	AD	5
Fostoria	Seneca	OH	AD	5
Fostoria	Wood	OH	AD	5
Freedom Township	Wood	OH	AD	5
Fremont	Sandusky	OH	AD	5
Fremont	Sandusky	OH	AJ	22
Fulton Township	Fulton	OH	AE	6
Genoa Village	Ottawa	OH	AD	5
German Township	Fulton	OH	AE	6
Gibsonburg Village	Sandusky	OH	AD	5
Glandorf Village	Putnam	OH	AK	25
Grand Rapids Township	Wood	OH	AE	6
Grand Rapids Village	Wood	OH	AE	6
Green Creek Township	Sandusky	OH	AJ	23
Green Springs Village	Seneca	OH	AJ	24
Groton Township	Erie	OH	AJ	21
Hamler Village	Henry	OH	AE	6
Harding Township	Lucas	OH	AE	6
Harpster Village	Wyandot	OH	AI	20
Harris Township	Ottawa	OH	AD	5
Harrison Township	Henry	OH	AE	6
Harrod Village	Allen	OH	AF	8
Haskins Village	Wood	OH	AE	6
Helena Village	Sandusky	OH	AD	5
Henry Township	Wood	OH	AD	5
Highland Township	Defiance	OH	AA	1
Hoaglin Township	Van Wert	OH	AC	4
Holgate Village	Henry	OH	AE	6
Hopewell Township	Seneca	OH	AB	3
Jackson Township	Allen	OH	AF	8
Jackson Township	Hancock	OH	AG	14
Jackson Township	Paulding	OH	AO	34
Jackson Township	Seneca	OH	AD	5
Jackson Township	Wyandot	OH	AI	20
Jefferson Township	Williams	OH	AA	1
Jenera Village	Hancock	OH	AH	15
Jennings Township	Putnam	OH	AK	25
Jerry City Village	Wood	OH	AD	5
Jerusalem Township	Lucas	OH	AD	5
Jerusalem Township	Lucas	OH	AD	5
Lafayette Village	Allen	OH	AF	8
Lake Township	Wood	OH	AD	5
Lake Township	Wood	OH	AE	6
Latty Village	Paulding	OH	AO	34
Liberty Center Village	Henry	OH	AE	6
Liberty Township	Hancock	OH	AG	14
Liberty Township	Henry	OH	AE	6
Liberty Township	Seneca	OH	AD	5
Liberty Township	Van Wert	OH	AC	4
Liberty Township	Wood	OH	AD	5
Lima	Allen	OH	AF	9
Lindsey Village	Sandusky	OH	AD	5
Loudon Township	Seneca	OH	AD	5
Luckey Village	Wood	OH	AE	6
Lyme Township	Huron	OH	AJ	21
Lyons Village	Fulton	OH	AE	6
Madison Township	Hancock	OH	AG	14
Madison Township	Sandusky	OH	AD	5
Madison Township	Williams	OH	AE	7
Malinta Village	Henry	OH	AE	6
Marion Township	Allen	OH	AL	26
Marion Township	Allen	OH	AF	8
Marion Township	Hancock	OH	AG	13
Marion Township	Henry	OH	AE	6
Marseilles Village	Wyandot	OH	AI	20
McClure Village	Henry	OH	AD	5
McComb Village	Hancock	OH	AG	13
Metamora Village	Fulton	OH	AE	6
Middle Point Village	Van Wert	OH	AL	26
Middleton Township	Wood	OH	AD	5
Middleton Township	Wood	OH	AE	6
Millbury Village	Wood	OH	AD	5
Milton Center Village	Wood	OH	AD	5
Monclova Township	Lucas	OH	AE	6
Monroe Township	Allen	OH	AN	32
Monroe Township	Allen	OH	AF	8
Monroe Township	Henry	OH	AE	6
Montgomery Township	Wood	OH	AD	5
Montpelier Village	Williams	OH	AA	1

Morenci	Lenawee	MI	AE	6
Mount Blanchard Village	Hancock	OH	AG	14
Mount Cory Village	Hancock	OH	AG	14
Napoleon	Henry	OH	AE	6
Napoleon Township	Henry	OH	AE	6
Nevada Village	Wyandot	OH	AI	20
New Riegel Village	Seneca	OH	AB	3
New Washington Village	Crawford	OH	AI	16
Ney Village	Defiance	OH	AA	1
Noble Township	Defiance	OH	AA	1
North Baltimore Village	Wood	OH	AD	5
Northwood	Wood	OH	AD	5
Ohio City Village	Van Wert	OH	AC	4
Orange Township	Hancock	OH	AH	15
Orange Township	Hancock	OH	AN	33
Oregon Township	Lucas	OH	AD	5
Ottawa Township	Putnam	OH	AK	25
Ottawa Village	Putnam	OH	AK	25
Paulding Township	Paulding	OH	AO	34
Paulding Village	Paulding	OH	AO	34
Pemberville Village	Wood	OH	AD	5
Perry Township	Allen	OH	AF	9
Perry Township	Wood	OH	AD	5
Perrysburg Township	Wood	OH	AD	5
Perrysburg Township	Wood	OH	AD	5
Perrysburg Township	Wood	OH	AE	5
Perrysburg Township	Wood	OH	AE	6
Pike Township	Fulton	OH	AE	6
Pitt Township	Wyandot	OH	AI	20
Pleasant Township	Hancock	OH	AG	13
Pleasant Township	Henry	OH	AE	6
Pleasant Township	Putnam	OH	AK	25
Pleasant Township	Seneca	OH	AD	5
Pleasant Township	Van Wert	OH	AC	4
Portage Township	Hancock	OH	AG	13
Portage Township	Wood	OH	AD	5
Portage Village	Wood	OH	AD	5
Providence Township	Lucas	OH	AE	6
Pulaski Township	Williams	OH	AA	1
Pusheta Township	Auglaize	OH	AF	11
Rawson Village	Hancock	OH	AG	14
Reed Township	Seneca	OH	AI	18
Republic Village	Seneca	OH	AI	19
Richland Township	Allen	OH	AN	32
Richland Township	Allen	OH	AF	8
Richland Township	Defiance	OH	AA	1
Richland Township	Wyandot	OH	AG	14
Ridge Township	Van Wert	OH	AC	4
Ridge Township	Hancock	OH	AG	13
Riley Township	Sandusky	OH	AJ	23
Rising Sun Village	Wood	OH	AD	5
Rossford	Wood	OH	AE	6
Salem Township	Seneca	OH	AI	20
Sandusky Township	Sandusky	OH	AD	5
Sandusky Township	Sandusky	OH	AJ	22
Scipio Township	Seneca	OH	AI	19
Scott Township	Sandusky	OH	AD	5
Seneca Township	Seneca	OH	AM	29
Shawnee Township	Allen	OH	AF	8
Spencer Township	Allen	OH	AF	8
Spencer Township	Lucas	OH	AE	6
Spencerville Village	Allen	OH	AF	8
Springfield Township	Lucas	OH	AE	6
Springfield Township	Williams	OH	AA	1
St. Joseph Township	Williams	OH	AA	1
Stryker Village	Williams	OH	AA	1
Sugar Creek Township	Allen	OH	AF	12
Sugar Creek Township	Putnam	OH	AF	12
Superior Township	Williams	OH	AA	1
Swan Creek Township	Fulton	OH	AE	6
Swanton Township	Lucas	OH	AE	6
Swanton Village	Fulton	OH	AE	6
Sycamore Township	Wyandot	OH	AM	27
Sycamore Village	Wyandot	OH	AM	27
Thompson Township	Seneca	OH	AJ	24
Tiffin Township	Defiance	OH	AA	1
Toledo	Lucas	OH	AD	5
Tontogany Village	Wood	OH	AE	6
Townsend Township	Sandusky	OH	AJ	23
Troy Township	Wood	OH	AE	6
Tymochtee Township	Wyandot	OH	AM	27
Union Township	Hancock	OH	AG	14
Union Township	Van Wert	OH	AC	4
Upper Sandusky	Wyandot	OH	AI	20
Van Buren Township	Hancock	OH	AH	15
Van Buren Village	Hancock	OH	AG	13
Van Wert	Van Wert	OH	AC	4
Vanlue Village	Hancock	OH	AG	14
Venice Township	Seneca	OH	AI	18
Walbridge Village	Wood	OH	AD	5

Washington Township	Defiance	OH	AA	1
Washington Township	Hancock	OH	AG	13
Washington Township	Hancock	OH	AD	5
Washington Township	Henry	OH	AE	6
Washington Township	Sandusky	OH	AD	5
Washington Township	Sandusky	OH	AJ	22
Washington Township	Van Wert	OH	AL	26
Washington Township	Wood	OH	AE	6
Waterville Township	Lucas	OH	AE	6
Waterville Village	Lucas	OH	AE	6
Wauseon	Fulton	OH	AE	6
Wayne Village	Wood	OH	AD	5
Webster Township	Wood	OH	AD	5
West Millgrove Village	Wood	OH	AD	5
West Unity Village	Williams	OH	AA	1
Weston Township	Wood	OH	AD	5
Weston Village	Wood	OH	AD	5
Whitehouse Village	Lucas	OH	AE	6
Woodville Village	Sandusky	OH	AD	5
York Township	Fulton	OH	AE	6
York Township	Sandusky	OH	AJ	23

Form SA3E Long Form (Rev. 05-17)

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Time Warner Cable Midwest LLC**SYSTEM ID#**
007449

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G**Primary
Transmitters:
Television****CHANNEL LINE-UP AA**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBGU	27	E	No		Bowling Green, OH
WFFT	55	I	No		Fort Wayne, IN
WGTE	29	E	Yes	O	Toledo, OH
WGTE-2	29.2	E-M	Yes	O	Toledo, OH
WGTE-3	29.3	E-M	Yes	O	Toledo, OH
WGTE-4	29.4	E-M	Yes	O	Toledo, OH
WLMB	5	I	No		Toledo, OH
WNWO	49	N	Yes	O	Toledo, OH
WNWO-2	49.2	I-M	Yes	O	Toledo, OH
WTOL	11	N	No		Toledo, OH
WTOL-2	11.2	I-M	No		Toledo, OH
WTOL-3	11.3	I-M	No		Toledo, OH
WTVG	13	N	No		Toledo, OH
WTVG-2	13.2	I-M	No		Toledo, OH
WTVG-3	13.3	I-M	No		Toledo, OH
WTVG-7	13.4	I-M	No		Toledo, OH
WUPW	46	I	Yes	O	Toledo, OH
WUPW-2	46.2	I-M	Yes	O	Toledo, OH
WUPW-3	46.3	I-M	Yes	O	Toledo, OH
WANE	31	N	No		Fort Wayne, IN

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC		SYSTEM ID# 007449	Name		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G		
			Primary Transmitters: Television		
CHANNEL LINE-UP AB					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBGU	27	E	No		Bowling Green, OH
WBGU-2	27.2	E-M	No		Bowling Green, OH
WBGU-3	27.3	E-M	No		Bowling Green, OH
WGGN	42	I	No		Sandusky, OH
WGTE	29	E	No		Toledo, OH
WLMB	5	I	No		Toledo, OH
WNWO	49	N	No		Toledo, OH
WNWO-2	49.2	I-M	No		Toledo, OH
WNWO-3	49.3	I-M	No		Toledo, OH
WTOL	11	N	No		Toledo, OH
WTOL-2	11.2	I-M	No		Toledo, OH
WTOL-3	11.3	I-M	No		Toledo, OH
WTVG	13	N	No		Toledo, OH
WTVG-2	13.2	I-M	No		Toledo, OH
WTVG-3	13.3	I-M	No		Toledo, OH
WTVG-7	13.4	I-M	No		Toledo, OH
WUPW	46	I	No		Toledo, OH
WUPW-2	46.2	I-M	No		Toledo, OH
WUPW-3	46.3	I-M	No		Toledo, OH

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Time Warner Cable Midwest LLC**SYSTEM ID#**
007449

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G**Primary
Transmitters:
Television****CHANNEL LINE-UP AC**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, IN
WANE-3	31.3	I-M	No		Fort Wayne, IN
WANE-4	31.4	I-M	No		Fort Wayne, IN
WBGU	27	E	No		Bowling Green, OH
WFFT	55	I	No		Fort Wayne, IN
WFFT-2	55.2	I-M	No		Fort Wayne, IN
WFFT-3	55.3	I-M	No		Fort Wayne, IN
WFWA	40	E	No		Fort Wayne, IN
WFWA-2	40.2	E-M	No		Fort Wayne, IN
WFWA-3	40.3	E-M	No		Fort Wayne, IN
WINM	12	I	No		Angola, IN
WISE	33	I	No		Fort Wayne, IN
WISE-2	33.2	I-M	No		Fort Wayne, IN
WISE-3	33.3	I-M	No		Fort Wayne, IN
WLIO	8	N	No		Lima, OH
WLMA	44	I	No		Lima, OH
WPTA	24	N	No		Fort Wayne, IN
WPTA-2	24.2	I-M	No		Fort Wayne, IN
WPTA-3	24.3	I-M	No		Fort Wayne, IN
WTLW-LP	17	I	No		Lima, OH

[illegible]

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC					SYSTEM ID# 007449	Name	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G	Primary Transmitters: Television
CHANNEL LINE-UP AE							
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION		
WBGU	27	E	No		Bowling Green, OH		
WGTE	29	E	Yes	O	Toledo, OH		
WGTE-2	29.2	E-M	Yes	O	Toledo, OH		
WGTE-3	29.3	E-M	Yes	O	Toledo, OH		
WGTE-4	29.4	E-M	Yes	O	Toledo, OH		
WLMB	5	I	No		Toledo, OH		
WNWO	49	N	No		Toledo, OH		
WNWO-2	49.2	I-M	No		Toledo, OH		
WNWO-3	49.3	I-M	No		Toledo, OH		
WTOL	11	N	No		Toledo, OH		
WTOL-2	11.2	I-M	No		Toledo, OH		
WTOL-3	11.3	I-M	No		Toledo, OH		
WTVG	13	N	No		Toledo, OH		
WTVG-2	13.2	I-M	No		Toledo, OH		
WTVG-3	13.3	I-M	No		Toledo, OH		
WTVG-7	13.4	I-M	No		Toledo, OH		
WUPW	46	I	No		Toledo, OH		
WUPW-2	46.2	I-M	No		Toledo, OH		
WUPW-3	46.3	I-M	No		Toledo, OH		

[illegible]

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC		SYSTEM ID# 007449	Name		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G		
			Primary Transmitters: Television		
CHANNEL LINE-UP AG					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBGU	27	E	No		Bowling Green, OH
WBGU-2	27.2	E-M	No		Bowling Green, OH
WBGU-3	27.3	E-M	No		Bowling Green, OH
WGTE	29	E	Yes	O	Toledo, OH
WLIO	8	N	No		Lima, OH
WLMA	44	I	No		Lima, OH
WLMB	5	I	No		Toledo, OH
WNWO	49	N	No		Toledo, OH
WNWO-2	49.2	I-M	No		Toledo, OH
WNWO-3	49.3	I-M	No		Toledo, OH
WTLW-LP	17	I	No		Lima, OH
WTOL	11	N	No		Toledo, OH
WTOL-2	11.2	I-M	No		Toledo, OH
WTOL-3	11.3	I-M	No		Toledo, OH
WTVG	13	N	No		Toledo, OH
WTVG-2	13.2	I-M	No		Toledo, OH
WTVG-3	13.3	I-M	No		Toledo, OH
WTVG-7	13.4	I-M	No		Toledo, OH
WUPW	46	I	No		Toledo, OH
WUPW-2	46.2	I-M	No		Toledo, OH
WUPW-3	46.3	I-M	No		Toledo, OH

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC		SYSTEM ID# 007449	Name		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G		
			Primary Transmitters: Television		
CHANNEL LINE-UP AH					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBGU	27	E	No		Bowling Green, OH
WBGU-2	27.2	E-M	No		Bowling Green, OH
WBGU-3	27.3	E-M	No		Bowling Green, OH
WGTE	29	E	Yes	O	Toledo, OH
WLIO	8	N	No		Lima, OH
WLMA	44	I	No		Lima, OH
WLMB	5	I	No		Toledo, OH
WNWO	49	N	No		Toledo, OH
WNWO-2	49.2	I-M	No		Toledo, OH
WNWO-3	49.3	I-M	No		Toledo, OH
WTLW-LP	17	I	No		Lima, OH
WTOL	11	N	No		Toledo, OH
WTOL-2	11.2	I-M	No		Toledo, OH
WTOL-3	11.3	I-M	No		Toledo, OH
WTVG	13	N	No		Toledo, OH
WTVG-2	13.2	I-M	No		Toledo, OH
WTVG-3	13.3	I-M	No		Toledo, OH
WTVG-7	13.4	I-M	No		Toledo, OH
WUPW	46	I	No		Toledo, OH
WUPW-2	46.2	I-M	No		Toledo, OH
WUPW-3	46.3	I-M	No		Toledo, OH

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Time Warner Cable Midwest LLC**SYSTEM ID#**
007449

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G**Primary
Transmitters:
Television****CHANNEL LINE-UP AI**

1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WBGU	27	E	Yes	O	Bowling Green, OH
WBGU-2	27.2	E-M	Yes	O	Bowling Green, OH
WBGU-3	27.3	E-M	Yes	O	Bowling Green, OH
WBNS	21	N	Yes	O	Columbus, OH
WCMH	14	N	Yes	O	Columbus, OH
WGGN	42	I	No		Sandusky, OH
WLMB	5	I	Yes	O	Toledo, OH
WMFD	12	I	Yes	O	Mansfield, OH
WNWO	49	N	Yes	O	Toledo, OH
WNWO-2	49.2	I-M	Yes	O	Toledo, OH
WTOL	11	N	No		Toledo, OH
WTOL-2	11.2	I-M	No		Toledo, OH
WTOL-3	11.3	I-M	No		Toledo, OH
WTVG	13	N	No		Toledo, OH
WTVG-2	13.2	I-M	No		Toledo, OH
WTVG-3	13.3	I-M	No		Toledo, OH
WTVG-7	13.4	I-M	No		Toledo, OH
WUPW	46	I	No		Toledo, OH
WUPW-2	46.2	I-M	No		Toledo, OH
WUPW-3	46.3	I-M	No		Toledo, OH

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC					SYSTEM ID# 007449	Name	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G	Primary Transmitters: Television
CHANNEL LINE-UP AJ							
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION		
WBGU	27	E	Yes	O	Bowling Green, OH		
WBGU-2	27.2	E-M	Yes	O	Bowling Green, OH		
WBGU-3	27.3	E-M	Yes	O	Bowling Green, OH		
WEWS	15	N	Yes	O	Cleveland, OH		
WGGN	42	I	No		Sandusky, OH		
WGTE	29	E	No		Toledo, OH		
WJW	8	I	Yes	O	Cleveland, OH		
WKYC	17	N	Yes	O	Cleveland, OH		
WLMB	5	I	Yes	O	Toledo, OH		
WNWO	49	N	No		Toledo, OH		
WNWO-2	49.2	I-M	No		Toledo, OH		
WTOL	11	N	No		Toledo, OH		
WTOL-2	11.2	I-M	No		Toledo, OH		
WTOL-3	11.3	I-M	No		Toledo, OH		
WTVG	13	N	No		Toledo, OH		
WTVG-2	13.2	I-M	No		Toledo, OH		
WTVG-3	13.3	I-M	No		Toledo, OH		
WTVG-7	13.4	I-M	No		Toledo, OH		
WUPW	46	I	No		Toledo, OH		
WUPW-2	46.2	I-M	No		Toledo, OH		
WUPW-3	46.3	I-M	No		Toledo, OH		

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC					SYSTEM ID# 007449	Name	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G	Primary Transmitters: Television
CHANNEL LINE-UP AM							
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION		
WBGU	27	E	No		Bowling Green, OH		
WBGU-2	27.2	E-M	No		Bowling Green, OH		
WBGU-3	27.3	E-M	No		Bowling Green, OH		
WBNS	21	N	Yes	O	Columbus, OH		
WGTE	29	E	Yes	O	Toledo, OH		
WLMB	5	I	No		Toledo, OH		
WNWO	49	N	No		Toledo, OH		
WNWO-2	49.2	I-M	No		Toledo, OH		
WNWO-3	49.3	I-M	No		Toledo, OH		
WTOL	11	N	No		Toledo, OH		
WTOL-2	11.2	I-M	No		Toledo, OH		
WTOL-3	11.3	I-M	No		Toledo, OH		
WTVG	13	N	No		Toledo, OH		
WTVG-2	13.2	I-M	No		Toledo, OH		
WTVG-3	13.3	I-M	No		Toledo, OH		
WTVG-7	13.4	I-M	No		Toledo, OH		
WUPW	46	I	No		Toledo, OH		
WUPW-2	46.2	I-M	No		Toledo, OH		
WUPW-3	46.3	I-M	No		Toledo, OH		

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC					SYSTEM ID# 007449	Name	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						G	Primary Transmitters: Television
CHANNEL LINE-UP AO							
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION		
WANE	31	N	No		Fort Wayne, IN		
WANE-3	31.3	I-M	No		Fort Wayne, IN		
WANE-4	31.4	I-M	No		Fort Wayne, IN		
WBGU	27	E	No		Bowling Green, OH		
WFFT	55	I	No		Fort Wayne, IN		
WFFT-2	55.2	I-M	No		Fort Wayne, IN		
WFFT-3	55.3	I-M	No		Fort Wayne, IN		
WGTE	29	E	Yes	O	Toledo, OH		
WGTE-2	29.2	E-M	Yes	O	Toledo, OH		
WGTE-3	29.3	E-M	Yes	O	Toledo, OH		
WGTE-4	29.4	E-M	Yes	O	Toledo, OH		
WINM	12	I	No		Angola, IN		
WISE	33	I	No		Fort Wayne, IN		
WISE-2	33.2	I-M	No		Fort Wayne, IN		
WISE-3	33.3	I-M	No		Fort Wayne, IN		
WNWO	49	N	Yes	O	Toledo, OH		
WPTA	24	N	No		Fort Wayne, IN		
WPTA-2	24.2	I-M	No		Fort Wayne, IN		
WPTA-3	24.3	I-M	No		Fort Wayne, IN		
WTOL	11	N	Yes	O	Toledo, OH		
WTVG	13	N	Yes	O	Toledo, OH		

[illegible]

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC		SYSTEM ID# 007449	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.			K Gross Receipts
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ► If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.			L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. <u>\$ 12,384,880.52</u> Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. <u>\$ 131,775.13</u> This is your minimum fee.		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? ☒ Yes—Complete the DSE schedule. ☐ No—Leave block 3 below blank and complete line 1, block 4.		
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <u>\$ 27,662.75</u> Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <u>27,872.69</u> Line 3. Add lines 1 and 2 and enter here. <u>\$ 55,535.44</u>		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. <u>\$ 131,775.13</u> Line 2. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) <u>0.00</u> Line 3. FILING FEE. <u>\$ 725.00</u> TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here <u>\$ 132,500.13</u> EFT Trace # or TRANSACTION ID # 		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.
Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC	SYSTEM ID# 007449
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 51 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 573	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Jacob C. Schlechte Telephone 314-543-2294 Address 12405 POWERSCOURT DR (Number, street, rural route, apartment, or suite number) ST LOUIS, MO 63131-3674 (City, town, state, zip) Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ☒ (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or ☐ (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. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  X /s/ Jacob C. Schlechte 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. Typed or printed name: Jacob C. Schlechte Title: Director, Accounting (Title of official position held in corporation or partnership) Date: February 20, 2026	

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.

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.

Add rows as necessary.
Remember to copy all formula into new rows.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC					SYSTEM ID# 007449		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, 0.00								
4 Computation of DSEs for Substitute- Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00								
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●				▶		10.75	
	2. Number of DSEs from part 3 ●				▶		0.00	
	3. Number of DSEs from part 4 ●				▶		0.00	
TOTAL NUMBER OF DSEs						▶ 10.75		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.									6
BLOCK A: TELEVISION MARKETS									
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? ☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. ☒ No—Complete blocks B and C below.									
BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN Column 2: BASIS OF PERMITTED CARRIAGE Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 M Retransmission of a distant multicast stream. List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)									
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WBGU	C	0.25	WGTE-2	M	0.25	WMFD	A	1.00	
WBGU-2	M	0.25	WGTE-3	M	0.25	WNWO	A	0.25	
WBGU-3	M	0.25	WGTE-4	M	0.25	WNWO-2	M	1.00	
WBNS	D	0.25	WHIO	A	0.25	WTVG	A	0.25	
WEWS	D	0.25	WJW	A	1.00	WUPW-2	M	1.00	
WGTE	C	0.25	WLMB	A	1.00	WUPW-3	M	1.00	
								9.00	
BLOCK C: COMPUTATION OF 3.75 FEE									
Line 1: Enter the total number of DSEs from part 5 of this schedule									
Line 2: Enter the sum of permitted DSEs from block B above									
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule) 0.00									
Line 4: Enter gross receipts from space K (page 7) x 0.0375									
Line 5: Multiply line 4 by 0.0375 and enter sum here x									
Line 6: Enter total number of DSEs from line 3									
								0.00	
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									

Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC	SYSTEM ID# 007449
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7

Computation
of
Base Rate Fee

Instructions:

You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.

• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.

• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.

• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank.

What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.

BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS

• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?

☒ Yes—Complete part 8 of this schedule.

☐ No—Complete the following sections.

BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE

Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶
Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ - D. Multiply line B by line C and enter here. ▶ \$ E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. ▶ \$. 0.00

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC	SYSTEM ID# 007449	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00	7	Computation of Base Rate Fee
	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.	8	Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name 		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								8 Computation of Base Rate Fee for Partially Distant Stations		
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 5				COMMUNITY/ AREA Group 6						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs				0.00	Total DSEs				0.00	
Gross Receipts First Group	\$			2,703,356.51	Gross Receipts Second Group	\$			1,924,402.78	
Base Rate Fee First Group	\$			0.00	Base Rate Fee Second Group	\$			0.00	
SEVENTH SUBSCRIBER GROUP				EIGHTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 7				COMMUNITY/ AREA Group 8						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
WGTE	0.25									
WGTE-2	0.25									
WGTE-3	0.25									
WGTE-4	0.25									
Total DSEs				1.00	Total DSEs				0.00	
Gross Receipts Third Group	\$			248,926.52	Gross Receipts Fourth Group	\$			456,486.24	
Base Rate Fee Third Group	\$			2,648.58	Base Rate Fee Fourth Group	\$			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 9					COMMUNITY/ AREA Group 10				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
WBNS	0.25			WTVG	0.25				
Total DSEs 0.25				Total DSEs 0.25					
Gross Receipts First Group \$ 1,763,531.90				Gross Receipts Second Group \$ 2,661.02					
Base Rate Fee First Group \$ 4,690.99				Base Rate Fee Second Group \$ 7.08					
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 11					COMMUNITY/ AREA Group 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WBNS	0.25			WHIO	0.25				
WTVG	0.25								
Total DSEs 0.50				Total DSEs 0.25					
Gross Receipts Third Group \$ 29,513.15				Gross Receipts Fourth Group \$ 4,596.31					
Base Rate Fee Third Group \$ 157.01				Base Rate Fee Fourth Group \$ 12.23					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 13					COMMUNITY/ AREA Group 14				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
Total DSEs				0.00		Total DSEs		0.25	
Gross Receipts First Group				\$ 1,130,934.38		Gross Receipts Second Group		\$ 284,245.54	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group		\$ 756.09	
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 15					COMMUNITY/ AREA Group 16				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WGTE	0.25			WBGU	0.25				
				WBGU-2	0.25				
				WBGU-3	0.25				
				WNWO-2	1.00				
Total DSEs				0.25		Total DSEs		1.75	
Gross Receipts Third Group				\$ 25,400.67		Gross Receipts Fourth Group		\$ 32,899.91	
Base Rate Fee Third Group				\$ 67.57		Base Rate Fee Fourth Group		\$ 523.03	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									
\$ 									

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								8 Computation of Base Rate Fee for Partially Distant Stations		
SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 17				COMMUNITY/ AREA Group 18						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
				WBGU	0.25					
				WBGU-2	0.25					
				WBGU-3	0.25					
Total DSEs				0.00	Total DSEs				0.75	
Gross Receipts First Group	\$			4,838.22	Gross Receipts Second Group	\$			39,673.42	
Base Rate Fee First Group	\$			0.00	Base Rate Fee Second Group	\$			316.59	
NINETEENTH SUBSCRIBER GROUP				TWENTIETH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 19				COMMUNITY/ AREA Group 20						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs				0.00	Total DSEs			0.00		
Gross Receipts Third Group	\$			20,804.35	Gross Receipts Fourth Group	\$			239,975.81	
Base Rate Fee Third Group	\$			0.00	Base Rate Fee Fourth Group	\$			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIRST SUBSCRIBER GROUP					TWENTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 21					COMMUNITY/ AREA Group 22				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
WMFD	1.00			WBGU	0.25				
				WBGU-2	0.25				
				WBGU-3	0.25				
				WLMB	1.00				
Total DSEs 1.00				Total DSEs 1.75					
Gross Receipts First Group \$ 213,849.41				Gross Receipts Second Group \$ 8,708.80					
Base Rate Fee First Group \$ 2,275.36				Base Rate Fee Second Group \$ 138.45					
TWENTY-THIRD SUBSCRIBER GROUP					TWENTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 23					COMMUNITY/ AREA Group 24				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WEWS	0.25								
WJW	1.00								
Total DSEs 1.25				Total DSEs 0.00					
Gross Receipts Third Group \$ 330,208.65				Gross Receipts Fourth Group \$ 35,560.93					
Base Rate Fee Third Group \$ 4,092.11				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 0.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								8 Computation of Base Rate Fee for Partially Distant Stations
TWENTY-FIFTH SUBSCRIBER GROUP				TWENTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 25				COMMUNITY/ AREA Group 26				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	0.00			Total DSEs	0.00			
Gross Receipts First Group	\$	257,635.32		Gross Receipts Second Group	\$	208,043.54		
Base Rate Fee First Group	\$	0.00		Base Rate Fee Second Group	\$	0.00		
TWENTY-SEVENTH SUBSCRIBER GROUP				TWENTY-EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 27				COMMUNITY/ AREA Group 28				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WGTE	0.25			
Total DSEs	0.00			Total DSEs	0.25			
Gross Receipts Third Group	\$	118,778.35		Gross Receipts Fourth Group	\$	24,674.93		
Base Rate Fee Third Group	\$	0.00		Base Rate Fee Fourth Group	\$	65.64		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-NINTH SUBSCRIBER GROUP					THIRTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 29					COMMUNITY/ AREA Group 30				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
Total DSEs				0.00		Total DSEs		0.25	
Gross Receipts First Group				\$ 29,513.15		Gross Receipts Second Group		\$ 104,505.59	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group		\$ 277.98	
THIRTY-FIRST SUBSCRIBER GROUP					THIRTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 31					COMMUNITY/ AREA Group 32				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WBNS	0.25			WBNS	0.25				
Total DSEs				0.25		Total DSEs		0.25	
Gross Receipts Third Group				\$ 2,177.20		Gross Receipts Fourth Group		\$ 17,659.51	
Base Rate Fee Third Group				\$ 5.79		Base Rate Fee Fourth Group		\$ 46.97	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTY-THIRD SUBSCRIBER GROUP					THIRTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 33					COMMUNITY/ AREA Group 34				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
				WHIO	0.25				
Total DSEs				0.00		Total DSEs		0.25	
Gross Receipts First Group				\$ 3,870.58		Gross Receipts Second Group		\$ 78,863.02	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group		\$ 209.78	
THIRTY-FIFTH SUBSCRIBER GROUP					THIRTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00		Total DSEs		0.00	
Gross Receipts Third Group				\$ 0.00		Gross Receipts Fourth Group		\$ 0.00	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 1					COMMUNITY/ AREA Group 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of 3.75 Fee for Partially Distant Stations	
				WUPW	1.00				
Total DSEs				0.00		Total DSEs		1.00	
Gross Receipts First Group				\$ 1,042,153.01		Gross Receipts Second Group		\$ 8,708.80	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group		\$ 326.58	
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 3					COMMUNITY/ AREA Group 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00		Total DSEs		0.00	
Gross Receipts Third Group				\$ 656,546.72		Gross Receipts Fourth Group		\$ 331,176.29	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 27,872.69			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 5					COMMUNITY/ AREA Group 6						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Total DSEs				0.00		Total DSEs				0.00	
Gross Receipts First Group				\$ 2,703,356.51		Gross Receipts Second Group				\$ 1,924,402.78	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 0.00	
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 7					COMMUNITY/ AREA Group 8						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
				WBNS	0.25						
Total DSEs				0.00		Total DSEs				0.25	
Gross Receipts Third Group				\$ 248,926.52		Gross Receipts Fourth Group				\$ 456,486.24	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group				\$ 4,279.56	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)											
\$											

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
NINTH SUBSCRIBER GROUP					TENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 9					COMMUNITY/ AREA Group 10				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of 3.75 Fee for Partially Distant Stations	
				WBNS	0.25				
Total DSEs				0.00		Total DSEs		0.25	
Gross Receipts First Group				\$ 1,763,531.90		Gross Receipts Second Group		\$ 2,661.02	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group		\$ 24.95	
ELEVENTH SUBSCRIBER GROUP					TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 11					COMMUNITY/ AREA Group 12				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WBNS	0.25				
Total DSEs				0.00		Total DSEs		0.25	
Gross Receipts Third Group				\$ 29,513.15		Gross Receipts Fourth Group		\$ 4,596.31	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group		\$ 43.09	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									
\$ 									

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
THIRTEENTH SUBSCRIBER GROUP					FOURTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 13					COMMUNITY/ AREA Group 14						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00		Total DSEs				0.00	
Gross Receipts First Group				\$ 1,130,934.38		Gross Receipts Second Group				\$ 284,245.54	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 0.00	
FIFTEENTH SUBSCRIBER GROUP					SIXTEENTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 15					COMMUNITY/ AREA Group 16						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WLMB	1.00						
				WNWO	0.25						
Total DSEs				0.00		Total DSEs				1.25	
Gross Receipts Third Group				\$ 25,400.67		Gross Receipts Fourth Group				\$ 32,899.91	
Base Rate Fee Third Group				\$ 0.00		Base Rate Fee Fourth Group				\$ 1,542.18	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)										\$ 	

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								8 Computation of 3.75 Fee for Partially Distant Stations
SEVENTEENTH SUBSCRIBER GROUP				EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 17				COMMUNITY/ AREA Group 18				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WLMB	1.00			WBNS	0.25			
				WCMH	0.25			
Total DSEs	1.00			Total DSEs	0.50			
Gross Receipts First Group	\$ 4,838.22			Gross Receipts Second Group	\$ 39,673.42			
Base Rate Fee First Group	\$ 181.43			Base Rate Fee Second Group	\$ 743.88			
NINETEENTH SUBSCRIBER GROUP				TWENTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 19				COMMUNITY/ AREA Group 20				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WBNS	0.25							
WCMH	0.25							
Total DSEs	0.50			Total DSEs	0.00			
Gross Receipts Third Group	\$ 20,804.35			Gross Receipts Fourth Group	\$ 239,975.81			
Base Rate Fee Third Group	\$ 390.08			Base Rate Fee Fourth Group	\$ 0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								
\$								

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name			
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP											
TWENTY-FIRST SUBSCRIBER GROUP					TWENTY-SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 21					COMMUNITY/ AREA Group 22						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs				0.00		Total DSEs				0.00	
Gross Receipts First Group				\$ 213,849.41		Gross Receipts Second Group				\$ 8,708.80	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 0.00	
TWENTY-THIRD SUBSCRIBER GROUP					TWENTY-FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Group 23					COMMUNITY/ AREA Group 24						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WKYC	0.25			WEWS	0.25						
				WJW	1.00						
				WKYC	0.25						
Total DSEs				0.25		Total DSEs				1.50	
Gross Receipts Third Group				\$ 330,208.65		Gross Receipts Fourth Group				\$ 35,560.93	
Base Rate Fee Third Group				\$ 3,095.71		Base Rate Fee Fourth Group				\$ 2,000.30	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)											
\$ 											

8

Computation
of
3.75 Fee
for
Partially
Distant
Stations

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-FIFTH SUBSCRIBER GROUP					TWENTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 25					COMMUNITY/ AREA Group 26				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of 3.75 Fee for Partially Distant Stations	
WJW	1.00			WBNS	0.25				
WKYC	0.25								
Total DSEs 1.25				Total DSEs 0.25					
Gross Receipts First Group \$ 257,635.32				Gross Receipts Second Group \$ 208,043.54					
Base Rate Fee First Group \$ 12,076.66				Base Rate Fee Second Group \$ 1,950.41					
TWENTY-SEVENTH SUBSCRIBER GROUP					TWENTY-EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 27					COMMUNITY/ AREA Group 28				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00				Total DSEs 0.00					
Gross Receipts Third Group \$ 118,778.35				Gross Receipts Fourth Group \$ 24,674.93					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 0.00			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
TWENTY-NINTH SUBSCRIBER GROUP					THIRTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 29					COMMUNITY/ AREA Group 30				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of 3.75 Fee for Partially Distant Stations	
WBNS	0.25								
Total DSEs		0.25		Total DSEs		0.00			
Gross Receipts First Group		\$ 29,513.15		Gross Receipts Second Group		\$ 104,505.59			
Base Rate Fee First Group		\$ 276.69		Base Rate Fee Second Group		\$ 0.00			
THIRTY-FIRST SUBSCRIBER GROUP					THIRTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 31					COMMUNITY/ AREA Group 32				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WHIO	0.25				
Total DSEs		0.00		Total DSEs		0.25			
Gross Receipts Third Group		\$ 2,177.20		Gross Receipts Fourth Group		\$ 17,659.51			
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$ 165.56			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Time Warner Cable Midwest LLC						SYSTEM ID# 007449		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTY-THIRD SUBSCRIBER GROUP					THIRTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA Group 33					COMMUNITY/ AREA Group 34				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of 3.75 Fee for Partially Distant Stations	
WBNS	0.25			WBNS	0.25				
Total DSEs		0.25		Total DSEs		0.25			
Gross Receipts First Group		\$ 3,870.58		Gross Receipts Second Group		\$ 78,863.02			
Base Rate Fee First Group		\$ 36.29		Base Rate Fee Second Group		\$ 739.34			
THIRTY-FIFTH SUBSCRIBER GROUP					THIRTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs		0.00		Total DSEs		0.00			
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group		\$ 0.00			
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									