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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
02/21/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2017/2									
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	SERVICE ELECTRIC CABLEVISION, INC.									
				655320172						
				6553 2017/2						
	4949 LIBERTY LANE, SUITE 400 ALLENTOWN, PA 18106									
С	INSTRUCTIONS: In line 1, give any business or trade names used to inames already appear in space B. In line 2, give the mailing address of									
System	1 IDENTIFICATION OF CABLE SYSTEM:	in the system, ii the	Telefit from the address giv	от пторасс В.						
	SUNBURY, PA									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b						
Area	with all communities.	,,	,	- Paga II						
Served	CITY OR TOWN	STATE								
First	Sunbury	PA								
Community	Below is a sample for reporting communities if you report multiple ch		·							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda Alliance	MD MD	A B	1 2						
	Gering	MD	В	3						
			_							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

6553

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.

Area Served

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
Sunbury	PA	AA	1
Beaver Twp.	PA	AA	2
Beavertown Borough	PA	AA	2
Bloomsburg	PA	AC	4
Buffalo Twp.	PA	AD	9
Catawissa Borough	PA	AC	4
Catawissa Twp.	PA	AC	4
Centre Twp.	PA	AA	1
Cleveland Twp.	PA	AC	3
Coal Twp.	PA	AB	7
Conyngham	PA	AB	7
Cooper Twp.	PA	AD	9
Cooper Twp. Danville Borough	PA	AD	9
Delaware Twp.	PA	AD	9
Derry Twp.	PA	AD	9
East Buffalo Twp.	PA	AD	9
E. Cameron Twp.	PA	AB	7
E. Chillisquaque Twp.	PA	AD	9
Franklin Twp. (Columbia)	PA	AE	5
Franklin Twp. (Snyder)	PA	AA	1
Freeburg Borough	PA	AA	1
Gregg Twp.	PA	AD	10
Hemlock Twp.	PA	AC	4
Herndon	PA	AA	1
Jackson Twp. (Northumberland)	PA	AA	1
Jackson Twp. (Snyder)	PA	AA	1
Jordan Twp.	PA	AA	1
Kelly Twp.	PA	AD	9
Kulpmont Borough	PA	AB	7
Lewis Twp.	PA	AD	9
Lewisburg Borough	PA	AD	9
Liberty Twp.	PA	AD	9
Limestone Twp. (Union Co.)	PA	AA	1
Limestone Twp. (Montour Co.)	PA	AD	9
Little Mahanoy Twp.	PA	AA	1
Locust Twp.	PA	AC	3
Lower Augusta	PA	AB	7
Lower Mahanoy Twp.	PA	AA	1
Mahoning Twp.	PA	AD	9

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

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

			
L			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6553

SERVICE ELECTRIC CABLEVISION, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1					BLOCK 2			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
 Service to first set 	34,952	\$	19.95					
 Service to additional set(s) 	71,525		-					
FM radio (if separate rate)								
Motel, hotel	31	\$	480.41	1 [
Commercial	78	\$	1,497.27					
Converter								
Residential	40,745	\$	4.95	1 [
Non-residential		1		1				
		1		1 1		†	1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∉ station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WYOU 22 Ν NO SCRANTON, PA **WBRE** NO 28 Ν WILKES BARRE, PA See instructions for additional information WGAL 8 Ν NO LANCASTER, PA on alphabetization. WHTM 27 Ν NO HARRISBURG, PA WITF 33 Ε NO HARRISBURG, PA **WNEP** 16 Ν NO SCRANTON, PA WNEP-2 16.2 I-M NO SCRANTON, PA WNEP-3 SCRANTON, PA 16.3 I-M NO **WPIX** 11 YES **NEW YORK, NY** I 0 **WQMY** 53 NO I WILLIAMSPORT, PA WQPX 64 I NO SCRANTON, PA **WSWB** 38 NO SCRANTON, PA WSWB-2 38.2 I-M NO SCRANTON, PA WSWB-3 38.3 I-M NO SCRANTON, PA **WWOR** 9 I YES 0 **NEW YORK, NY** WOLF 56 I NO HAZLETON, PA **WVIA** 44 Ε YES 0 SCRANTON, PA WVIA-2 44.2 E-M YES 0 SCRANTON, PA

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

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

Transmitters:

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AA- PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	YES	0	SCRANTON, PA
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA
WYOU-2	22.2	I-M	NO		SCRANTON, PA
WYOU-3	22.3	I-M	NO		SCRANTON, PA
		l			
		l			

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

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA
WBRE	28	N	NO		WILKES BARRE, PA
WGAL	8	N	NO		LANCASTER, PA
WPVI	6	N	YES	0	PHILADELPHIA, PA
WITF	33	Е	NO		HARRISBURG, PA
WNEP	16	N	NO		SCRANTON, PA
WNEP-2	16.2	I-M	NO		SCRANTON, PA
WNEP-3	16.3	I-M	NO		SCRANTON, PA
WPIX	11	I	YES	0	NEW YORK, NY
WQMY	53	I	NO		WILLIAMSPORT, PA
WQPX	64	I	NO		SCRANTON, PA
WSWB	38	I	NO		SCRANTON, PA
WSWB-2	38.2	I-M	NO		SCRANTON, PA
WSWB-3	38.3	I-M	NO		SCRANTON, PA
WWOR	9	I	YES	0	NEW YORK, NY
WOLF	56	I	NO		HAZLETON, PA
WVIA	44	E	NO		SCRANTON, PA
WVIA-2	44.2	E-M	NO		SCRANTON, PA

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations:

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- station was carried only on a substitute basis
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Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

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

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

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

		CHANN	EL LINE-UP	AB - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	NO		SCRANTON, PA
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA
WYOU-2	22.2	I-M	NO		SCRANTON, PA
WYOU-3	22.3	I-M	NO		SCRANTON, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

SYSTEM ID#
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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

	CHANNEL LINE-UP AC							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WYOU	22	N	NO		SCRANTON, PA			
WBRE	28	N	NO		WILKES BARRE, PA			
WCAU	10	N	YES	0	PHILADELPHIA, PA			
WPVI	6	N	YES	0	PHILADELPHIA, PA			
WITF	33	Е	YES	0	HARRISBURG, PA			
WNEP	16	N	NO		SCRANTON, PA			
WNEP-2	16.2	I-M	NO		SCRANTON, PA			
WNEP-3	16.3	I-M	NO		SCRANTON, PA			
WPIX	11	I	YES	0	NEW YORK, NY			
WQMY	53	I	NO		WILLIAMSPORT, PA			
WQPX	64	I	NO		SCRANTON, PA			
WSWB	38	I	NO		SCRANTON, PA			
WSWB-2	38.2	I-M	NO		SCRANTON, PA			
WSWB-3	38.3	I-M	NO		SCRANTON, PA			
WWOR	9	I	YES	0	NEW YORK, NY			
WOLF	56	I	NO		HAZLETON, PA			
WVIA	44	E	NO		SCRANTON, PA			
WVIA-2	44.2	E-M	NO		SCRANTON, PA			

G

Primary Transmitters: Television

	ACCOUNTI	10 1 EMOD. 2017/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
SERVICE ELECTRIC CABLEVISION, INC.	6553	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period except (1) stations carried only on a part-time base FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [si	is undeı	G
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 of substitute program basis, as explained in the next paragraph		Primary Transmitters:

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	NO		SCRANTON, PA
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA
WYOU-2	22.2	I-M	NO		SCRANTON, PA
WYOU-3	22.3	I-M	NO		SCRANTON, PA

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

Name

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 progran basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WYOU 22 Ν NO SCRANTON, PA **WBRE** 28 Ν NO WILKES BARRE, PA WGAL 8 Ν YES 0 LANCASTER, PA WHTM 27 Ν NO HARRISBURG, PA WITF 33 Ε NO HARRISBURG, PA **WNEP** 16 Ν NO SCRANTON, PA WNEP-2 16.2 I-M NO SCRANTON, PA WNEP-3 SCRANTON, PA 16.3 I-M NO **WPIX** 11 YES **NEW YORK, NY** I 0 **WQMY** 53 NO I WILLIAMSPORT, PA WQPX 64 I NO SCRANTON, PA **WSWB** 38 NO SCRANTON, PA WSWB-2 38.2 I-M NO SCRANTON, PA WSWB-3 38.3 I-M NO SCRANTON, PA **WWOR** 9 I YES 0 **NEW YORK, NY** WOLF 56 I NO HAZLETON, PA **WVIA** 44 Ε NO SCRANTON, PA WVIA-2 44.2 E-M NO SCRANTON, PA

G

Primary Transmitters: Television

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

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

Transmitters:

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AD - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA-3	44.3	E-M	NO		SCRANTON, PA
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA
WYOU-2	22.2	I-M	NO		SCRANTON, PA
WYOU-3	22.3	I-M	NO		SCRANTON, PA
				h	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

SYSTEM ID#
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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

	CHANNEL LINE-UP AE							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WGAL	8	N	NO		LANCASTER, PA			
WBRE	28	N	NO		WILKES BARRE, PA			
WCAU	10	N	YES	0	PHILADELPHIA, PA			
WPVI	6	N	YES	0	PHILADELPHIA, PA			
WITF	33	Е	NO		HARRISBURG, PA			
WNEP	16	N	NO		SCRANTON, PA			
WNEP-2	16.2	I-M	NO		SCRANTON, PA			
WNEP-3	16.3	I-M	NO		SCRANTON, PA			
WPIX	11	I	YES	0	NEW YORK, NY			
WQMY	53	I	NO		WILLIAMSPORT, PA			
WQPX	64	I	NO		SCRANTON, PA			
WSWB	38	I	NO		SCRANTON, PA			
WSWB-2	38.2	I-M	NO		SCRANTON, PA			
WSWB-3	38.3	I-M	NO		SCRANTON, PA			
WWOR	9	I	YES	0	NEW YORK, NY			
WYOU	22	N	NO		SCRANTON, PA			
WOLF	56	I	NO		HAZLETON, PA			
WVIA	44	Е	NO		SCRANTON, PA			

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 6553 SERVICE ELECTRIC CABLEVISION, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters:

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

	CHANNEL LINE-UP AE - PAGE 2						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WVIA-2	44.2	E-M	NO		SCRANTON, PA		
WVIA-3	44.3	E-M	NO		SCRANTON, PA		
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA		
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA		
WYOU-2	22.2	I-M	NO		SCRANTON, PA		
WYOU-3	22.3	I-M	NO		SCRANTON, PA		
		l					

Television

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

PRIMARY TRANSMITTERS: TELEVISION

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

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- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AF - PAGE 1	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCAU	10	N	YES	0	PHILADELPHIA, PA
WBRE	28	N	NO		WILKES BARRE, PA
WGAL	8	N	NO		LANCASTER, PA
WHTM	27	N	NO		HARRISBURG, PA
WITF	33	E	NO		HARRISBURG, PA
WNEP	16	N	NO		SCRANTON, PA
WNEP-2	16.2	I-M	NO		SCRANTON, PA
WNEP-3	16.3	I-M	NO		SCRANTON, PA
WPIX	11	I	YES	0	NEW YORK, NY
WQMY	53	I	NO		WILLIAMSPORT, PA
WQPX	64	I	NO		SCRANTON, PA
WSWB	38	I	NO		SCRANTON, PA
WSWB-2	38.2	I-M	NO		SCRANTON, PA
WSWB-3	38.3	I-M	NO		SCRANTON, PA
WWOR	9	I	YES	0	NEW YORK, NY
WYOU	22	N	NO		SCRANTON, PA
WPVI	6	N	YES	0	PHILADELPHIA, PA
WOLF	56	I	NO		HAZLETON, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SERVICE ELECTRIC CABLEVISION, INC.

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

Name

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 progran basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AF - PAGE 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WVIA	44	Е	NO		SCRANTON, PA
WVIA-2	44.2	E-M	NO		SCRANTON, PA
WVIA-3	44.3	E-M	NO		SCRANTON, PA
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA
WYOU-2	22.2	I-M	NO		SCRANTON, PA
WYOU-3	22.3	I-M	NO		SCRANTON, PA
		l			

G

Primary Transmitters: Television

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

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYOU	22	N	NO		SCRANTON, PA
WBRE	28	N	NO		WILKES BARRE, PA
WGAL	8	N	NO		LANCASTER, PA
WHTM	27	N	NO		HARRISBURG, PA
WITF	33	Е	NO		HARRISBURG, PA
WNEP	16	N	NO		SCRANTON, PA
WNEP-2	16.2	I-M	NO		SCRANTON, PA
WNEP-3	16.3	I-M	NO		SCRANTON, PA
WPIX	11	I	YES	0	NEW YORK, NY
WQMY	53	I	NO		WILLIAMSPORT, PA
WQPX	64	ı	NO		SCRANTON, PA
WSWB	38	ı	NO		SCRANTON, PA
WSWB-2	38.2	I-M	NO		SCRANTON, PA
WSWB-3	38.3	I-M	NO		SCRANTON, PA
WWOR	9	I	YES	0	NEW YORK, NY
WOLF	56	I	NO		HAZLETON, PA
WVIA	44	Е	NO		SCRANTON, PA
WVIA-2	44.2	E-M	NO		SCRANTON, PA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
SERVICE ELECTRIC CABLEVISION, INC.	6553	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 specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

CHANNEL LINE-UP AG - PAGE 2						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVIA-3	44.3	E-M	NO		SCRANTON, PA	
WBRE-2	28.2	I-M	NO		WILKES BARRE, PA	
WBRE-3	28.3	I-M	NO		WILKES BARRE, PA	
WYOU-2	22.2	I-M	NO		SCRANTON, PA	
WYOU-3	22.3	I-M	NO		SCRANTON, PA	

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

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

SERVICE ELECTRIC CABLE SYSTEM 565.8 SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOO In General: in space 1, identify every nonetwork television program broadcast by a distant station that your cable system carried on a substitute basis unique the accounting period, during the accounting period, did your cable system carry, on a substitute basis, any nonetwork television program broadcast by a distant station? 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. General List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is determined to special special state of the program special spe	FORM SASE. PAGE 5.						ACCOUNTING	PERIOD: 2017/2
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If you ranswer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Gers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "Sf7." Column 6: State the times when the substitute program was substituted for programming						S	_	Name
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If you ranswer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under cretain FCC rules, regulations, or authorizations. See page (v) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: TGers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "517." Column 6: State the times when the substitute program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" i	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	3			
Pocified STATEMENT CONCERNING SUBSTITUTE CARRIAGE Special Statement and program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futther information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substitut	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3							
* During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? *Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball" 76ers vs. Bulls." **Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." **Column 3: Give the call sign of the station broadcasting the substitute program. **Column 4: Give the broadcast station's location (the community to which the station is identified). **Column 6: State the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." **Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." **Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under	1. SPECIAL STATEMENT	T CONCER	NING SUBST	TITUTE CARRIAGE				•
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the a			ır cable system	n carry, on a substitute bas	sis, any nonn			Statement and
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S SHATION SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES	1	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
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gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S TO REASON FOR DELETION							·u	
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ACCOUNTING PERIOD: 2017/2

FORM SA3E. PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SERVICE ELECTRIC CABLEVISION, INC. 6553 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS **FROM** TO DATE FROM TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
SEI	RVICE ELECTRIC CABLEVISION, INC.		6553	Name
Inst all a (as i	PSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second entified in space E) during the accounting period. For a further explanation of how to concern the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary	transmission service e this amount, see	K Gross Receipts
IMP	during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.		\$ 5,720,375.38 (Amount of gross receipts)	
• Com • Com • If yo fee f • If yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parmpanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ς 3 below.	e enter	red on line 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered	on line 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered on line	
Block	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		64 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$ 5,720,375.38	
	Enter the result here. This is your minimum fee.	\$	60,864.79	
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and column to the part 8, section 3 or 4 or part 9, block 4 of the DSE schedule. If page, enter years	nn 4, y	ou must check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		<u> </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		881.46	
	Line 3. Add lines 1 and 2 and enter here	\$	108,944.96	
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$ 108,944.96	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r	0.00	additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE		\$ 725.00	the Licensing additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	109,669.96	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separate instructions located in the paper SA3 form for more information.)	See pa	ige (i) of the	additional lees.

ACCOUNTING PERIOD: 2017/2

ACCOUNTING PERIO	DD: 2017/2 FORM SA3E. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:
Nume	SERVICE ELECTRIC CABLEVISION, INC. 6553
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 85
	NAMED AND THE PERSON AS A SECOND AS A SECO
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
Individual to	
Be Contacted for Further Information	Name Robert M. Wieand Telephone 610-432-2210
	40.40 Librard all area Outto 400
	Address 4949 Liberty Lane, Suite 400 (Number, street, rural route, apartment, or suite number)
	Allentown, PA 18106
	(City, town, state, zip)
	Email robert.wieand@secv.com Fax (optional)
	CERTIFICATION (This statement of account must be contifed and signed in accordance with Convigent Office regulations)
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)
Certifcation	• I, the undersigned, hereby certify that (Check one, <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/ Mark D. Walter
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: Mark D. Walter
	Title: Senior Vice President (Title of official position held in corporation or partnership)
	Date: February 21, 2018

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

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

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INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

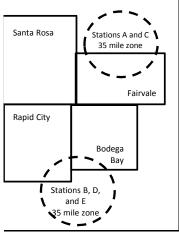
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6 384 00

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

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

DSL SCHEDULL. FAG	L II. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
<u> </u>	SERVICE ELECTRIC CA	BLEVISION,	INC.			6553
	SUM OF DSEs OF CATEGOR	RY "O" STATION	S:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of this	schedule.		3.75	
	Instructions:			L.		
2	In the column headed "Call S	Sign": list the call	signs of all distant stations	identified by t	he letter "O" in column 5	
	of space G (page 3).		-			
Computation of DSEs for	In the column headed "DSE"			as "1.0"; for	each network or noncom-	
Category "O"	mercial educational station, given	re the DSE as .2	o. CATEGORY "O" STATION	IC: DCC		
Stations	CALL SIGN	DSE	CALL SIGN	DSE DSES	CALL SIGN	DSE
Stations	WPIX	1.000	CALL SIGN	DSE	CALL SIGN	DSE
		•				
	WWOR	1.000				
	WVIA	0.250				
	WPVI	0.250 0.250				
Add rows as	WCAU					
necessary.	WITF	0.250				
Remember to copy	WGAL	0.250				
all formula into new	WVIA-2	0.250				
rows.	WVIA-3	0.250				
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		<u> </u>		<u> </u>		

	 	 	L

	LEGAL NAME OF C	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID									
Name	SERVICE EL	ECTRIC CABLEVISION	ON, INC.						6553		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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.										
Capacity		C	CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DS	SEs				
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	SE .	5. TYPE VALUE	6. DS	SE		
			÷		= 	X		<u>=</u>			
			÷		= -						
						x x		······-			
					=			=			
				:							
			÷	:	=	х		=			
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		nedule,			0.00				
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv. • Was carried tions in effe • Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each state by your system in substant on October 19, 1976 (one or more live, nonnetwork). This figure should correst the number of days Divide the figure in column of the station's DSE	itution for a pro- as shown by the ork programs do number of live spond with the is in the calenda in 2 by the figu (For more infor	ogram that your system to letter "P" in column uring that optional carr, nonnetwork program information in space I. ar year: 365, except in re in column 3, and girmation on rounding, s	was permitted to a final permi	to delete und d t the word "Ye titution for pr blumn 4. Rou the general in	er FCC rules s" in column 2 ograms that v and to no less astructions in	of were deleted than the third	·m).		
		SU	I	BASIS STATION	S: COMPUTA	ATION OF	DSEs		1		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUM OF PRO	MBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷	-	=			÷		=		
		÷	-	=			÷		=		
		÷		=			÷		-		
		······					÷		<u> </u>		
		÷		=			÷		=		
	Add the DSEs	OF SUBSTITUTE-BASI of each station. m here and in line 3 of p					0.00				
5		R OF DSEs: Give the am applicable to your systen		boxes in parts 2, 3, and	4 of this schedule	e and add the	m to provide t	he total			
Total Number	1. Number of	f DSEs from part 2 ●				>		3.75			
of DSEs		f DSEs from part 3 ●				·		0.00			
		f DSEs from part 4 ●				• •	г	0.00			
	TOTAL NUMBE	R OF DSEs					<u> </u>		3.75		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

	OWNER OF CABLES		NC.				S	YSTEM ID# 6553	Namo
n block A: If your answer if schedule.		mainder of p	•	7 of the DSE sched	ule blank and	complete part	t 8, (page 16) of th	e	6
if your answer if	"No," complete blo	CKS B and C		TELEVISION MA	ARKETS				Computation
s the cable syster	m located wholly o	ıtside of all r		ller markets as defir		tion 76.5 of F0	CC rules and regul	lations in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—[•	PLETE THE REMAI			5		
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below ref Act of 2010.)	ther explanation	on of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regued pursuant les and sediment as defined al education (76. r DSE schedunt to individually carried HF station with the station with	elations cited be to the FCC mand in 76.5(kk) (7 al station [76.5665) (see paragulule). ual waiver of Fed on a part-tim vithin grade-B of	ne or substitute basi contour, [76.59(d)(5	e in effect on 3.57, 76.59(b), (1), 76.63(a) is stitution of gradis prior to June	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered states	6.63(a) referring to		
Column 3:	*(Note: For those this schedule to c	stations ide	entified by the less DSE.)	parts 2, 3, and 4 of etter "F" in column 2		mplete the wo	2. PERMITTED	14 of 3. DSE	
SIGN	BASIS D	1.00	SIGN WVIA-2	BASIS M	0.25	SIGN	BASIS		
WPIX	D	1.00	WVIA-3	M	0.25	••••••			
WITF	С	0.25							
WPVI	D	0.25							
WCAU	D	0.25							
WVIA	С	0.25							
					1			3.50	
		l	BLOCK C: CO	OMPUTATION OF	3.75 FEE				
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
ne 2: Enter the	sum of permitted	d DSEs from	n block B abo	ove					
				of DSEs subject 7 of this schedule		ate.			
ne 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of th DSEs represe partially
ne 5: Multiply l	ine 4 by 0.0375 a	ınd enter sı	ım here						permited/ partially nonpermitte
ne 6: Enter tota	al number of DSE	s from line	3				x		carriage? If yes, see pa 9 instruction
ne 7: Multiply li	ine 6 by line 5 an	d enter her	e and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC. 6553									Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		2. PERMITTED BASIS	3. DSE	6
									Computation 6
									
							•	•••••	
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ACCOUNTING PERIOD: 2017/2

Name	SERVICE ELECTRIC CABLEVISION, INC. SYSTEM ID# 6553										
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections										
		DEDMITT	ED DSE EOD STA	TIONS CADDIS	- D	ON A PART-TIME AN	ID CLIDCTI	TI ITE DACIO			
	1. CALL SIGN	2. PRIC	OR 3. AC	COUNTING ERIOD	יטב	4. BASIS OF CARRIAGE	5. PF	RESENT DSE	6. P	ERMITTED DSE	

					•••••				•••••		
								•••••			
					•••••						
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity											
Surcharge	• Is any portion of the of X Yes—Complete	-	•	or television mar	ket	as defined by section 79 No—Proceed to		rules in effect Ju	ine 24, 1	981?	
	BLOCK B: Ca	arriage of VHF	F/Grade B Contour	Stations		BLOCK	C: Compu	itation of Exem	ot DSEs	<u> </u>	
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places ble system?	s a grade B contou	r, in whole	H	Was any station listed nity served by the cab to former FCC rule 76	in block B le system p .159)	of part 7 carried	d in any 1, 1972	commu- ? (refer	
	Yes—List each s		th its appropriate per part 8.	mitted DSE		Yes—List each sta			te permit	ted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE	
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SERVICE ELECTRIC CABLEVISION, INC.	SYSTEM ID# 6553	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	5,720,375.38	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Distance of the part of the	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Di is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			EM ID#									
_	,	SERVICE ELECTRIC CABLEVISION, INC.	0000									
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.										
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)										
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)										
Surcharge		C. Multiply line B by 3.000 and enter here										
		D. Enter 0.00089 of gross receipts (the amount in section 1)										
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.										
		F. Multiply line D by line E and enter here										
		G. Add lines A, C, and F. This is your surcharge.										
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$	<u></u>									
	Inotru	ctions:										
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.										
		checked "res, disc the total number of bees from part of book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.										
Computation of	1	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below										
Base Rate Fee	blank											
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers										
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.										
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?										
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.										
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE										
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$										
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.										
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶										
	Section											
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.										
		A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ _\$										
		B. Enter 0.00701 of gross receipts (the amount in section 1)										
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here										
		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									
		Base Kate Fee	<u></u>									

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

-		3 PERIOD: 2017/2
	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
SERVI	CE ELECTRIC CABLEVISION, INC. 6553	- Tunio
	f the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	_
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) ►\$	
	B. Enter 0.00701 of gross receipts (the amount in section 1)	Computation of
	(the amount in section 1) \$	Base Rate Fee
	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	
	FANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals tead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	
ups in S		9
In Gene	ral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
•	from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	of
tnis exci	usion, you must:	Base Rate Fee
	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number c nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
NOTE: I	f any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for Partially
must als	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. r, if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
Step 2:	o that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by e token, the station is distant to the subscriber.)	
subscrib	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ear group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable	
•	will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscrib	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's er groups.	
In each		
• Give th	y the communities/areas represented by each subscriber group. The call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the pers in the group.	
• If:		
1) your s	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, it this schedule; or,	
	ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add the	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcula	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
• Compu page. Ir DSEs fo	the a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ual calculations on the form.	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6553 SERVICE ELECTRIC CABLEVISION, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	YSTEM ID# 6553	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	IP	_
COMMUNITY/ AREA	Sub Gr	oup 1		COMMUNITY/ ARE	A Sub Gro	oup 2		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WWOR	1.00	O/ ILL OIGIT	DOL	WWOR	1.00	O/ILL OIGIT	502	Base Rate Fee
WPIX	1.00		 	WPIX	1.00	-	···	and
VVFIA	1.00		.		 	-	····	
				WVIA	0.25	 		Syndicated
				WVIA-2	0.25		<u></u>	Exclusivity
				WVIA-3	0.25			Surcharge
								for
								Partially
								Distant
	•	-	•		•••••			Stations
	•••••••				·····	H	····	
						H		
	<u>.</u>					 	<u></u>	
	.							
	<mark></mark>							
	<u> </u>							
Total DSEs			2.00	Total DSEs			2.75	
Gross Receipts First G	roup	¢ 1.583	,967.48	Gross Receipts Sec	and Group	•	63,024.03	
Gloss Receipts Filst Gi	oup	\$ 1,583	,307.40	Gloss Receipts Sec	ona Group	\$	03,024.03	
Base Rate Fee First G	roup	\$ 27	,957.03	Base Rate Fee Sec	ond Group	\$	1,443.72	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Sub Gr	oup 3		COMMUNITY/ ARE	A Sub Gro	oup 4		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WWOR	1.00			WWOR	1.00			
WPIX	1.00			WPIX	1.00			
WPVI	0.25		·	WITF	0.25			
	0.25			WPVI	0.25	H	····	
WCAU	0.23			WCALL	0.25	 	····	
				WCAU	0.25	 		
							<u></u>	
	<mark></mark>	-						
	<mark>.</mark>							
	<u>.</u>		<u> </u>					
	T							
	 		 					
	<u> </u>		 					
	- 		 		·····	<u> </u>		
			 					
Total DSEs			2.50	Total DSEs			2.75	
Gross Receipts Third G	Group	<u>\$</u> 61	,660.74	Gross Receipts Fou	rth Group	<u>\$</u> 7	63,329.68	
Base Rate Fee Third G	Group	\$ 1	,304.43	Base Rate Fee Fou	rth Group	\$	17,485.97	
Base Rate Fee: Add th	e base rate	e fees for each subscr	iber group a	as shown in the boxes	above.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$ 1	08,063.49	

	, I KIU UABL	EVISION, INC.					6553	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	۵
COMMUNITY/ ARE	A Sub Gro	oup 5		COMMUNITY/ AREA	Sub Gro	up 6		Computation of Base Rate Fee
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
WWOR	1.00			WWOR	1.00			Base Rate Fo
WPIX	1.00			WPIX	1.00			and
WPVI	0.25			WPVI	0.25			Syndicated
WCAU	0.25			WCAU	0.25			
						-		Syndicated Exclusivity Surcharge for Partially Distant
		-						
Γotal DSEs			2.50	Total DSEs			2.50	
Gross Receipts Firs	st Group	\$ 1°	1,039.42	Gross Receipts Secon	nd Group	\$	35,096.43	
Base Rate Fee Fire	st Group	\$	233.54	Base Rate Fee Secon	nd Group	\$	742.46	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A Sub Gro	oup 7		COMMUNITY/ AREA	Sub Gro	up 8		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Partially Distant Stations
NWOR	1.00		<mark>.</mark>	WWOR	1.00		·····	
WPIX	1.00			WPIX	1.00			
WPVI	0.25							
						-		
••••••		•			<u> </u>	-		
				-				
			···		<u></u>		·····	
								
			<u></u>	-	- 		·····	
		-			<u></u>			
					<mark></mark>		<u> </u>	
			2.25	Total DSEs			2.00	
otal DSEs				11				
Total DSEs Gross Receipts Thi	rd Group	\$ 1,350	6,055.02	Gross Receipts Fourth	Group	\$	193,377.16	
ss Receipts Thi	·		6,055.02 6,310.86	Gross Receipts Fourth Base Rate Fee Fourth		\$	3,413.11	
ross Receipts Thi	ird Group	ş 20	6,310.86	Base Rate Fee Fourth	n Group	\$		
Gross Receipts Thi	ird Group	\$ 20	6,310.86		n Group	\$		

LEGAL NAME OF OWNE SERVICE ELECTR						S	YSTEM ID# 6553	Name
В	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	JP .		TENTH	SUBSCRIBER GROU	IP	^
COMMUNITY/ AREA	Sub Gr	oup 9		COMMUNITY/ AREA	Sub Gro	up 10		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	R GROUP BSCRIBER GROUP 10 CALL SIGN DSE	of
WWOR	1.00			WWOR	1.00			Base Rate F
WPIX	1.00			WPIX				and
					FOR EACH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP NITY/ AREA Sub Group 10 SIGN DSE CALL SIGN DSE 1.00 1.00 1.00 SIGN DSE CALL SIGN DSE SE S			
	 			 	<u> </u>	Coll Sign DSE 0	-	
	·····					Coll CALL SIGN DSE Bas Sy Ex Su		
							DSE Bas Bas Sy Example 1	_
		-						Partially
			<u> </u>					Distant
								Stations
	<u> </u>		1					Distant
	····		 		<u> </u>	H		Distant
			 			-		Syndicate Exclusivi Surcharg for Partially Distant
	<mark></mark>		 		-		<mark></mark>	Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant
			 					
			 					
Total DSEs			2.00	Total DSEs			2.00	
Gross Receipts First G	roup	\$ 1,558	,802.86	Gross Receipts Secon	d Group	\$	94,022.56	
Base Rate Fee First G	roup	\$ 27	,512.87	Base Rate Fee Secon	d Group	\$	1,659.50	
F	I EVENTH	SUBSCRIBER GROU	IP		TWELVTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	- TWEEVIII		_	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa SE		
	<u>. </u>		<u> </u>					
]					
			1					
	<u>-</u>		<u> </u>		<u> </u>			
	<u></u>		 		······································		····	
	<u></u>		 		<u>-</u>	H	<u> </u>	
	<mark></mark>		 					
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			1					
	<u>-</u>		<u> </u>		<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
			riber group a	II as shown in the boxes a	bove.	e		
Enter here and in block	. 3, iine 1, S	pace L (page 7)				P		

LEGAL NAME OF OWNE SERVICE ELECTR			,	initiod 0.70 Otal		SY	STEM ID# 6553	Name
В				TE FEES FOR EACH				
COMMUNITY/ AREA	Sub Gr	SUBSCRIBER GROU	<u>P</u>	COMMUNITY/ AREA		SUBSCRIBER GROUP		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							0.00	and
								Syndicated
	····							Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
	<u>-</u>							
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$ 1,583,	967.48	Gross Receipts Second	d Group	\$ 6	3,024.03	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA	Sub Gr	oup 3		COMMUNITY/ AREA	Sub Gro	oup 4		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	<u>-</u>							
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts Third G	iroup	\$ 61,	660.74	Gross Receipts Fourth	Group	\$ 76	3,329.68	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Date Free Add to	o bee = == (for oach subsection	iborga	on about in the best of				
Base Rate Fee: Add th Enter here and in block			ibei group a	as shown in the boxes at	ove.	\$	881.46	

Name	YSTEM ID# 6553	3				EVISION, INC.	OF CABLE	SERVICE ELECTRI
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BI
	Р	SUBSCRIBER GROU	SIXTH		IP	SUBSCRIBER GROU	FIFTH	
9 Computation		up 6	Sub Gro	COMMUNITY/ AREA		oup 5	Sub Gro	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F			_					
and						-		
1								
1 -								
Base Rate and Syndicate Exclusive Surcharg for Partially	···	H				-		
Surcharg for Partially Distant	···	H						
Partially Distant		H						
Distant	<u></u>							
Distant Stations	···							
Stations	<mark></mark>	H						
	 							
	<u></u>	-	ļ					
							.	
	0.00			Total DSEs	0.00			Total DSEs
				Gross Receipts Second	039.42	\$ 11,	oup	Gross Receipts First Gro
	35,096.43	\$	Group	Gross receipts decond				
	0.00	\$		Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	0.00		d Group			\$ SUBSCRIBER GROU		
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH			SUBSCRIBER GROU		S
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second		SUBSCRIBER GROU	EVENTH	S
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	IP	SUBSCRIBER GROU	EVENTH	S COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROUD	i Group EIGHTH Sub Gro	Base Rate Fee Second COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	EVENTH	CALL SIGN
	0.00 P DSE 0.00	SUBSCRIBER GROUDE B CALL SIGN	EIGHTH Sub Gro DSE	CALL SIGN Call SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU OUP 7 CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	SUBSCRIBER GROUDE B CALL SIGN	EIGHTH Sub Gro DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU OUP 7 CALL SIGN	DSE	S COMMUNITY/ AREA

Name	6553							SERVICE ELECTR
				TE FEES FOR EACH				BI
9	P	SUBSCRIBER GROUI			Р	SUBSCRIBER GROU		
Computa		up 10	Sub Grou	COMMUNITY/ AREA		oup 9	Sub Gro	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	302	07.122.01011	0.25	WGAL	302	0.122 0.011	302	07.22 0.011
and		-						
Syndicat								
Exclusiv								
Exclusiv Surchar for Partiall Distan								
for Partiall Distan								
Partiall								
Distant								
Station								
							[
	0.25			Total DSEs	0.00			otal DSEs
	4,022.56	<u>\$</u>	Group	Gross Receipts Second	802.86	\$ 1,558,	oup	Gross Receipts First Gro
				·				
	881.46	\$		Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	881.46	\$ SUBSCRIBER GROUP	l Group	Base Rate Fee Second		\$ SUBSCRIBER GROU		
	881.46		l Group	Base Rate Fee Second				EL
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ACCOUNTING PERIOD: 2017/2

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SERVICE ELECTRIC CABLEVISION, INC. 6553 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market οf Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this **Partially** Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation _ computation _____ SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown