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						
	\$						
03/01/2018	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									
Bowner	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 corpo rate 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 submi a single statement of account and royalty fee payment covering the entire accounting perioa  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC.									
	00741720172									
				007417 2017/2						
	210 E. EARLL DRIVE PHOENIX, AZ 85012-2626									
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:  19201 Pineville Rd - 786 Martin Luther King Blvd - 5100 Macphelah Rd., PO Drawer 1818  (Number, street, rural route, apartment, or suite number)  LONG BEACH, MS 39560 - BILOXI, MS 39530 - PASCAGOULA, MS 39568  (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b						
Area Served	with all communities.	T								
	CITY OR TOWN	STATE								
First Community	GULFPORT	MS								
	Below is a sample for reporting communities if you report multiple cha	STATE	CH LINE UP	SUB GRP#						
	Alda	MD	A A	1						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007417 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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# **GULFPORT** D MS **First BILOXI** MS 3 Community Α **D'IBERVILLE** MS 3 **ESCATAWPA** MS Ε 2 **GAUTIER** Ε 2 MS 3 HARRISON COUNTY D MS See instructions for С HANCOCK CO-DIAMONDHEAD MS additional information on alphabetization. HARRISON COUNTY-DIAMONDHEAD MS D 4 **KEESLER AFB** Α 3 MS LONG BEACH D 4 MS **MOSS POINT** MS Ε Add rows as necessary. 3 NORTH BILOXI (HARRISON COUNTY) A MS В NORTH BILOXI (JACKSON COUNTY) MS **OCEAN SPRINGS** MS В **PASCAGOULA** Ε 2 MS D **PASS CHRISTIAN** MS 4 **VANCLEAVE** MS В


Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

# 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.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	33,715	20.00-80.00	HOSPITALS	1,114	7.99-30.62		
<ul> <li>Service to additional set(s)</li> </ul>			CASINOS	3,233	6.12-28.39		
<ul> <li>FM radio (if separate rate)</li> </ul>			NURSING HOMES	261	8.00-17.41		
Motel, hotel	6,115	3.31-17.41					
Commercial	1,674	18.65-94.00					
Converter							
Residential							
Non-residential							
1	I	·		-1	T		

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	15.00-44.00	Motel, hotel	COST PLUS	SHOWTIME	\$ 17.00
<ul> <li>Pay cable—add'l channel</li> </ul>	9.00-35.00	Commercial	COST PLUS	TIER DELUXE	\$ 44.00
Fire protection	\$ 4.00	Pay cable	COST PLUS	DVP	\$ 14.00
Burglar protection		Pay cable-add'l channel	\$ 4.00	CINEMAX	\$ 17.00
Installation: Residential		Fire protection		MOVIE CHANNEL	\$ 17.00
First set	0-90.00	Burglar protection		НВО	\$ 15.00
Additional set(s)	30.00-60.00	Other services:		STARZ	\$ 17.00
• FM radio (if separate rate)		Reconnect	0.00-90.00		
Converter		Disconnect			
		Outlet relocation	\$ 60.00		
		Move to new address	30.00-60.00		
			· · · · · · · · · · · · · · · · · · ·		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WDSU** 43 Ν Yes **NEW ORLEANS, LA WKRG** 20 Ν No MOBILE, AL See instructions for additional information WKRG-SIMUL MOBILE, AL 27 Ν No on alphabetization. No WLOX-1 13 N-M **BILOXI, MS** WLOX-1-SIMUL 13 N-M No **BILOXI, MS** WLOX-2 13 N-M No **BILOXI, MS** WLOX-2-SIMUL No 13 N-M BILOXI, MS WLOX-3 I-M No BILOXI, MS 13 **WMAH** 16 Ε No **BILOXI, MS** Ν WWL 36 Yes 0 **NEW ORLEANS, LA** WXXV-1 48 I-M No **GULFPORT, MS** WXXV-1-SIMUL 48 I-M No **GULFPORT, MS** WXXV-2 48 N-M No **GULFPORT, MS** No **WYES** 11 Ε Yes 0 **NEW ORLEANS, LA** WXXV-2-SIMUL 48 N-M No **GULFPORT, MS** WDSU-SIMUL 43 Ν No **NEW ORLEANS, LA** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

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

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

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

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

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

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

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

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

		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
WDSU	43	N	Yes	0	NEW ORLEANS, LA
WKRG	20	N	No		MOBILE, AL
WKRG-SIMUL	27	N	No		MOBILE, AL
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WLOX-2	13	N-M	No		BILOXI, MS
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
			No		
WYES	11	E	Yes	0	NEW ORLEANS, LA
WXVO-LD	13	I	No		PASCAGOULA, MS
WGUD-LD	51	I	No		PASCAGOULA, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
		T	No		

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, IN	NC.				007417	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast).	system during the consine of the consine of the consine of the consideration of the considera	ne accounting n June 24, 198 4), or 76.63 (r d in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the sta erning substit sign. Do not r n a station acc streams must	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station report origination coording to its ov- be reported in o	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the second of the	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in	G Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local serving Column 5: If you have cable system carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	existem carried the in each case was entering the least), "E" (for no ese terms, see particular and existence area, see particular and existence area, see particular and existence area entered "You into on a part-time into on a part-time into on a primary transsimulcasts, also aree categories elecation of ea Canadian statio	ne station.  whether the stater "N" (for no commercial page (v) of the the local servage (v) of the es" in column on during the communiticast streen or before Jumitter or an act of enter "E". If the see page (v) ch station. Forns, if any, given	ation is a network, "N-M" (I educational), or egeneral instructive area, (i.e. "regeneral instructive at the	ork station, an indefor network multic or "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entactivated channel of subject to a royalty etween a cable systement or any otinstructions locate list the community with	es". If not, enter "No". For an expaper SA3 form.  stating the basis on which your dering "LAC" if your cable system capacity.  payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form.  To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AB CONT'D		
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	
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
007417

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

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

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

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

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

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

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

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

		CHANN	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
KGLA	42	N	No		HAMMOND, LA
WDSU	43	N	No		NEW ORLEANS, LA
WGNO	26	N	No		NEW ORLEANS, LA
WHNO	21	I	No		NEW ORLEANS, LA
WKRG	20	N	Yes	0	MOBILE, AL
WKRG-SIMUL	27	N	No		MOBILE, AL
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-SIMUL	#N/A	#N/A	No		#N/A
WMAH	16	Е	No		BILOXI, MS
WPXL	50	I	No		NEW ORLEANS, LA
WUPL	24	l	No		SLIDELL, LA
WVUE	8	I	No		NEW ORLEANS, LA
WWL	36	N	No		NEW ORLEANS, LA
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-3	#N/A	#N/A	No		#N/A
WYES	11	E	No		NEW ORLEANS, LA
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
WMAH-SIMUL	#N/A	#N/A	No		#N/A

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/2		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Nama		
CABLE ONE, IN	NC.				007417	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
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), 07.66.36 (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 specife FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station or part has a stati								
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.			
Note: If you are utilizing	ig multiple char		·	AC CONT'D	cnannei iine-up.			
1 CALL	2 B'CAST				6. LOCATION OF STATION			
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			
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS			
WXXV-3-SIMUL	48	I-M	No		GULFPORT, MS			
WPXL-SIMUL	50	I	No		NEW ORLEANS, LA			
WVUE-2	8	l	No		NEW ORLEANS, LA			
WGNO-SIMUL	26	N	No		NEW ORLEANS, LA			
WNOL-2	15	l	No		NEW ORLEANS, LA			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, 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 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDSU	43	N	No		NEW ORLEANS, LA
WDSU-SIMUL	43	N	No		NEW ORLEANS, LA
WGNO	26	N	No		NEW ORLEANS, LA
WKRG	20	N	No		MOBILE, AL
WKRG-SIMUL	27	N	No		MOBILE, AL
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WLOX-2	13	N-M	No		BILOXI, MS
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	E	No		BILOXI, MS
WWL	36	N	No		NEW ORLEANS, LA
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
WYES	11	E	Yes	0	NEW ORLEANS, LA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					0/0771	
LEGAL NAME OF OWI		YSTEM:			SYSTEM ID# 007417	Name
CABLE ONE, I					007417	
carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7	G, identify ever system during t tions in effect of 6.61(e)(2) and (	y television st he accounting n June 24, 19 (4), or 76.63 (r	period, except 81, permitting the referring to 76.6	: (1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary Transmitters
substitute program ba Substitute Basis substitute Basis sunder specific Fe	Stations: With	respect to any	distant stations	s carried by your o	cable system on a substitute program	Television
•	n here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spa nformation cond orm.	ace I, if the sta cerning substit	tute basis statio	ns, see page (v) c	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams must	cording to its ov be reported in	er-the-air designa column 1 (list eac	s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example	
its community of licen on which your cable s	se. For example ystem carried tl	e, WRC is Cha ne station.	annel 4 in Wash	nington, D.C. This	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
educational station, by (for independent multi For the meaning of the	y entering the le cast), "E" (for n ese terms, see	etter "N" (for n oncommercia page (v) of the	etwork), "N-M" ( I educational), c e general instru	for network multic or "E-M" (for nonce ctions located in the	cast), "I" (for independent), "I-M" commercial educational multicast).	
planation of local serv <b>Column 5:</b> If you h	rice area, see pa nave entered "Y	age (v) of the es" in column	general instruct 4, you must co	ions located in the mplete column 5,	•	
of a written agreemen	sion of a distant it entered into o	t multicast stre n or before Ju	eam that is not s ine 30, 2009, be	subject to a royalty etween a cable sy	capacity.  / payment because it is the subject  stem or an association representing  ry transmitter, enter the designa-	
tion "E" (exempt). For explanation of these t <b>Column 6:</b> Give th	simulcasts, als hree categories le location of ea	o enter "E". If , see page (v) ich station. Fo	you carried the of the general or U.S. stations,	channel on any of instructions locate list the community	ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the en which the station is identifed.	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each		
				AD CONT'D		
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	
WMAH-SIMUL	#N/A	#N/A	No		#N/A	
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS	
WXXV-3-SIMUL	48	I-M	No		GULFPORT, MS	
	<u>_</u>					
	<b></b>				<u> </u>	
		i i			1	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, 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 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	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
WGUD-LD	51	I	No		PASCAGOULA, MS
WKFK-LD	7	I	No		PASCAGOULA, MS
WKRG	20	N	No		MOBILE, AL
WKRG-SIMUL	27	N	No		MOBILE, AL
WLOX-1	13	N-M	No		BILOXI, MS
WLOX-1-SIMUL	13	N-M	No		BILOXI, MS
WLOX-2	13	N-M	No		BILOXI, MS
WLOX-2-SIMUL	13	N-M	No		BILOXI, MS
WLOX-3	13	I-M	No		BILOXI, MS
WMAH	16	Е	No		BILOXI, MS
WPMI	15	N	No		MOBILE, AL
WPMI-SIMUL	15	N	No		MOBILE, AL
WXXV-1	48	I-M	No		GULFPORT, MS
WXXV-1-SIMUL	48	I-M	No		GULFPORT, MS
WXXV-2	48	N-M	No		GULFPORT, MS
WXXV-2-SIMUL	48	N-M	No		GULFPORT, MS
WXXV-3	#N/A	#N/A	No		#N/A
WMAH-SIMUL	#N/A	#N/A	No		#N/A

G

Primary Transmitters: Television

				0)/07514 ID#	T		
	YSTEM:				Name		
				007417			
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							
CC rules, regular here in space of only on a substand also in spanformation concorm.  ch station's call associated with A-2". Simulcast e channel numbers. For example ystem carried the in each case of yentering the least, "E" (for nese terms, see tation is outside rice area, see phave entered "Yethe distant station on a part-it ison of a distant tentered into o a primary trans simulcasts, also here categories e location of each canadian station.	ations, or auth G—but do lissititute basis. ace I, if the staterning substiff sign. Do not read that it is sign. Do not read that it is station acceptable to the FCC heromagner of the station. Whether the station. Whether the station. Whether the station. Whether the station on commercial page (v) of the earth of the station of the earth of the sign of the earth or before Justice that is station or before Justice that is station. For one, if any, given the station. For one, if any, given as the station of the station.	torizations: t it in space I (the ation was carried tute basis station report origination cording to its own to be reported in the annel 4 in Wash tation is a network), "N-M" (I educational), one general instructivice area, (i.e. "ogeneral instructivice area, (i.e. "cappeneral instructivice area, in the annel 4 in wash to see the annel 4 in the seement of lack of a seam that is not some 30, 2009, be sesociation repression of the general in true. See the name of the seame of the seame that is not some 30, 2009, be secondary the seame that is not some 30, 2009, be secondary the seame that is not some 30, 2009, be secondary the seame of the general in the seame of the general in the seame of the name of the seame	e Special Statemed both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statifington, D.C. This light of the television statifington, D.C. This located in the service of the television statification, an indefor network multicur "E-M" (for noncontrol located in the splete column 5, so d. Indicate by enticutivated channel of the subject to a royalty steween a cable system a cable system and the prima channel on any of instructions located list the community with the	ent and Program Log)—if the sute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- instream separately; for example con for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form is the subject testem or an association representing the paper SA3 form. The paper SA3 form. The paper SA3 form is the subject to the paper SA3 form. The paper SA3 form is the subject to the paper SA3 form. The paper SA3 form is licensed by the The paper SA3 form is licensed by the The paper SA3 form is identified.	Television		
- Ig manapic chai				onamer inte up.			
2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	RC.  ERS: TELEVISION G, identify ever system during to tions in effect on 6.61(e)(2) and on sis, as explained Stations: With CC rules, regular here in space of only on a substant and also in spanformation conducts of the station's call the associated with A-2". Simulcast the channel number see the case of the distant station is outsided frice area, see the distant station on a part-tission of a distant the case of the distant station on a part-tission of a distant the entered into on a primary transisticulation of a distant the case of the case of the case of the case of the distant station of a distant the entered into on a primary transisticulation of a distant the entered into on a primary transisticulation of the case of the	G, identify every television staystem during the accounting tions in effect on June 24, 19 6.61(e)(2) and (4), or 76.63 (isis, as explained in the next stations: With respect to any CC rules, regulations, or auth here in space G—but do list only on a substitute basis. and also in space I, if the stanformation concerning substitutes and also in space I, if the stanformation concerning substitutes as a secondary of the station's call sign. Do not reason associated with a station and A-2". Simulcast streams must be channel number the FCC hase. For example, WRC is Chaystem carried the station. In each case whether the station is in each case whether the station is outside the local sentice area, see page (v) of the late of the distant station during the tion on a part-time basis because terms, see page (v) of the late of a distant multicast stream tentered into on or before Julia primary transmitter or an a simulcasts, also enter "E". If three categories, see page (v) in grandian stations, if any, giving multiple channel line-ups, CHANNEL OF	RS: TELEVISION  G, identify every television station (including system during the accounting period, except tions in effect on June 24, 1981, permitting the 6.61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph.  Stations: With respect to any distant stations: CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the lonly on a substitute basis.  and also in space I, if the station was carried formation concerning substitute basis station orm.  In the station's call sign. Do not report origination associated with a station according to its own associated with a station according to its own according to its own associated with a station.  The channel number the FCC has assigned to be see. For example, WRC is Channel 4 in Wash system carried the station.  The each case whether the station is a network yentering the letter "N" (for network), "N-M" (cast), "E" (for noncommercial educational), or ese terms, see page (v) of the general instruction is outside the local service area, (i.e. "Concerned accounting period to on a part-time basis because of lack of a sion of a distant multicast stream that is not stated the distant station during the accounting period to on a part-time basis because of lack of a sion of a distant multicast stream that is not state entered into on or before June 30, 2009, be a primary transmitter or an association represimulcasts, also enter "E". If you carried the three categories, see page (v) of the general instruction of each station. For U.S. stations, Canadian stations, if any, give the name of the manual properties of the carried properties are separate.  CHANNEL LINE-UP  2. B'CAST 3. TYPE 4. DISTANT? (Yes or No)	G. identify every television station (including translator stations system during the accounting period, except (1) stations carrietions in effect on June 24, 1981, permitting the carriage of cert. 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your of CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the Special Statemed only on a substitute basis.  In and also in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) or orm.  In station's call sign. Do not report origination program service a associated with a station according to its over-the-air designa A-2". Simulcast streams must be reported in column 1 (list each see channel number the FCC has assigned to the television statistics. For example, WRC is Channel 4 in Washington, D.C. This yetem carried the station.  In ein each case whether the station is a network station, an indexicast), "E" (for noncommercial educational), or "E-M" (for noncomesee terms, see page (v) of the general instructions located in the tation is outside the local service area, (i.e. "distant"), enter "Ye ince area, see page (v) of the general instructions located in the lave entered "Yes" in column 4, you must complete column 5, station is outside the local service area, lack of activated channel of sion of a distant multicast stream that is not subject to a royalty at entered into on or before June 30, 2009, between a cable syst a primary transmitter or an association representing the prima simulcasts, also enter "E". If you carried the channel on any of the entered into on or before June 30, 2009, between a cable syst a primary transmitter or an association representing the prima simulcasts, also enter "E". If you carried the channel on any of the entered into one of each station. For U.S. stations, list the community withing multiple channel line-ups, use a se	PICE.  TELEVISION  G. identify every television station (including translator stations and low power television stations) system during the accounting period, except (1) stations carried only on a part-time basis under tions in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your cable system on a substitute program CC rules, regulations, or authorizations:  In here in space G—but do list it in space I (the Special Statement and Program Log)—if the lonly on a substitute basis.  In and also in space I, if the station was carried both on a substitute basis and also on some other nformation concerning substitute basis stations, see page (v) of the general instructions located orm.  Ch station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-A-2". Simulcast streams must be reported in column 1 (list each stream separately; for example e channel number the FCC has assigned to the television station for broadcasting over-the-air in se. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel ystem carried the station.  The station is outside the local service area, (i.e. "distant"), enter "Yes" (for independent), "I-M" cast), "E" (for noncommercial educational), or "E-M" (for network multicast), ese terms, see page (v) of the general instructions located in the paper SA3 form. Lation is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exica area, see page (v) of the general instructions located in the paper SA3 form. Lation is outside the local service area (i.e. "distant"), enter "Yes". If not, enter "No". For an exica area, see page (v) of the general instructions located		

FORM SA3E. PAGE 3.						T	
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	IC.				007417		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried only our 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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), ""(for independent), "I-M" (for independent multicast), "E" (for nonco							
Note: II you are utilizin	ig multiple char	inei iine-ups,	use a separate	space G for each	channel line-up.		
	T	CHANN	EL LINE-UP	AF			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007417		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.6.59(d)2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent),"-M" (for inde							
the cable system and a tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the	a primary transi simulcasts, also nree categories, e location of ea Canadian statio	mitter or an as be enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	ssociation repre you carried the of the general r U.S. stations, e the name of the use a separate	esenting the primar channel on any of instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n which the station is identifed.		
	1	CHANN	EL LINE-UP	AG			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	IC.				007417	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine effect or a consistency or a consi	ne accounting In June 24, 198 4), or 76.63 (r d in the next pespect to any titions, or auth G—but do list titute basis. ce I, if the sta erning substit sign. Do not r in a station acc streams must ber the FCC h	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the second program service that the second	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the stiplanation of local servi Column 5: If you had cable system carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	estem carried the in each case we entering the lecast), "E" (for no ese terms, see pation is outside ce area, see pare entered "You entered "You entered "You entered into on a part-tirion of a distant entered into on a primary transisimulcasts, also aree categories, e location of each canadian statio	the station.  Whether the stater "N" (for no commercial page (v) of the state of the local servage (v) of the servage (v) of the servage (v) of the servage (v) of the servage of the state of the servage of the state of the servage (v) of the servage (v) of the station. For no, if any, give	ation is a network, "N-M" ( leducational), or a general instructive area, (i.e. "cogeneral instructive area (i.e. "cogeneral instructive accounting period ause of lack of a sam that is not some 30, 2009, be association repressociation repressociations, at the name of the general in the source of the general in the source of the general in the source of the source	ork station, an indefor network multic or "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel or subject to a royalty stween a cable systement or any of instructions locate list the community with	ependent station, or a noncommercial aast), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form.  It not, enter "No". For an exercipaper SA3 form.  Stating the basis on which your cable system capacity.  To payment because it is the subject stem or an association representing the transmitter, enter the designation in the paper SA3 form.  To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AH		
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	

FORM SA3E. PAGE 3.						,-	
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN					007417		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational propers and propers and propers and propers and prop							
Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, given nel line-ups,	r U.S. stations, e the name of th	list the community ne community with space G for each	to which the station is licensed by the which the station is identifed.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. 200/MeN of Chanen		
	NUMBER	STATION		(If Distant)			
	•						

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF C	CABLE SYSTEM:			SYSTEM ID#	Name			
CABLE ONE, INC.				007417				
PRIMARY TRANSMITTERS: TE	LEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). (for noncommercial educational multicast). For the meaning of these terms, see page (								
Column 6: Give the location	on of each station. Fo	or U.S. stations,	list the community	to which the station is licensed by the				
<b>Note:</b> If you are utilizing multip	. ,		•					
, ,	CHANN	IEL LINE-UP	Δ.Ι	·				
4 0411 0 PiO		1		O LOCATION OF STATION				
1. CALL 2. B'CA	AST 3. TYPE ANNEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
	MBER STATION	,	(If Distant)					
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007417		
PRIMARY TRANSMITT	ERS: TELEVISIO	N					
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), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "If (for independent), "I-M" (for in							
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv nnel line-ups,	of the general r U.S. stations, e the name of the	instructions locate list the community he community with space G for each	d in the paper SA3 form.  I to which the station is licensed by the which the station is identifed.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE, II	NC.				007417	- Tunio	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space carried by your cable: FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute program ba Substitute Program ba Substitute Basis: basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-simulcast). Column 2: Give th its community of licenson which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these til	G, identify even- system during to ions in effect on 6.61(e)(2) and ( sis, as explaine Stations: With a CC rules, regula in here in space only on a subs and also in spa information concorn. ch station's call associated with A-2". Simulcast e channel numb ise. For example system carried the in each case w	y television standard accounting in June 24, 194, or 76.63 (rd in the next) respect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (v)	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in comparation in a network), "N-M" (I educational), on a general instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, or lack of a sam that is not some 30, 2009, be a sociation repression of the general in the of the general in the control of the general of the control of the general of	(1) stations carried to carriage of certail (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute "E-M" (for noncontions located in the special state of the service of the state of the	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television	
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AL			
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		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
CABLE ONE, II	NC.				007417	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AM				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE, IN	NC.				007417		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine of the consine of the consine of the consideration of the considera	ne accounting a June 24, 1944), or 76.63 (r d in the next prespect to any litions, or auth G—but do list litute basis. Ince I, if the staterning substite sign. Do not reast a station accepted the FCC heart of the FCC heart 1949 (reast signs).	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ov- be reported in our	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics).	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television	
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		CHANN	EL LINE-UP	AN			
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		
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FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
CABLE ONE, II	NC.				007417	Hamo
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis Subasis under specifc FC • Do not list the station was carried • List the station here, basis. For further in the paper SA3 fc Column 1: List each amulticast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi. For the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant stat. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	ers: TELEVISIO G, identify even system during the ions in effect or 6.61(e)(2) and (sist, as explaine stations: With 100 CC rules, regular in space only on a substand also in space formation concurs. In station's call associated with a section of a concurs or example system carried the in each case were entered the in each case were entered "Yi he distant station on a partition of a distant to entered into on a primary trans simulcasts, also aree categories	y television standard and accounting an June 24, 1984), or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. In the standard account of the standard account of the station account of the station. In a station account of the station. In the station account of the station account of the station. In the station account of the station of the station account	period, except period, except period, except period, except all, permitting the eferring to 76.6 paragraph.  I distant stations orizations:  I it in space I (the tition was carried ute basis station eport origination cording to its own be reported in the effect of annel 4 in Wash ation is a network), "N-M" (I educational), continued the effect of lack of a same that is not some sociation repression and the effect of the general instruct and the effect of	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statistic), D.C. This park station, an indefer network multion "E-M" (for noncettions located in the program of the television statistant"), enter "You ions located in the program of the television statistic or "E-M" (for noncettions located in the program of the televisions of the televisions of the televisions located in the program of the primal subject to a royalty seenting the primal channel on any of instructions located in the primal channel on any of instructions located in the primal channel on any of instructions located.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing		. ,		•	h which the station is identifed.  channel line-up.	
		CHANN	EL LINE-UP	AO		
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	

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/2
LEGAL NAME OF OWNE		STEM:			SYSTEM ID#	Name
CABLE ONE, IN	C.				007417	
carried by your cable sy FCC rules and regulatic 76.59(d)(2) and (4), 76. substitute program basi <b>Substitute Basis St</b> basis under specific FCC • Do not list the station I station was carried co • List the station here, a	, identify every extem during the properties of the constant o	r television stane accounting a June 24, 198 4), or 76.63 (r d in the next prespect to any tions, or auth G—but do listitute basis.	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tion was carried	(1) stations carried carriage of certa 1(e)(2) and (4))]; as carried by your case Special Statemed both on a substit	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located	<b>G</b> Primary  Transmitters:  Television
in the paper SA3 form Column 1: List each each multicast stream a cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of license on which your cable sys Column 3: Indicate i	m.  station's call associated with 2". Simulcast shannel number. For example stem carried thin each case v	sign. Do not re a a station acc streams must per the FCC he, WRC is Cha e station. whether the st	eport origination cording to its ow be reported in a as assigned to annel 4 in Wash ation is a netwo	n program services er-the-air designal column 1 (list each the television stati ington, D.C. This ork station, an inde	s such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M"	
For the meaning of thes Column 4: If the star planation of local servic Column 5: If you har cable system carried the carried the distant static For the retransmission of a written agreement of the cable system and a tion "E" (exempt). For si explanation of these thr Column 6: Give the	se terms, see pation is outside e area, see pave entered "Ye e distant static on on a part-tir on of a distant entered into or primary transimulcasts, also ee categories, location of earandian statio	page (v) of the the local services in column in during the ame basis becamulticast street or before Jumitter or an aspect of enter "E". If you see page (v) ch station. Fo	e general instruct rice area, (i.e. "c general instruct 4, you must cor accounting perion ause of lack of a sam that is not a sean that is not a sean that is not a sean that is not a tean that is not a t	ctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entictivated channel of subject to a royalty extween a cable system that the primain channel on any of instructions locate list the community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper says to be subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. expected to which the station is licensed by the expected to which the station is identifed.	
		CHANN	EL LINE-UP	AP		
1. CALL Z	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWI	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE, I	NC.				007417		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
PRIMARY TRANSMITT In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific Fo Do not list the station station was carried: List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licent on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the si planation of local serv Column 5: If you h cable system carried to carried the distant stat For the retransmiss of a written agreement the cable system and	ERS: TELEVISION G, identify even system during the tions in effect or 6.61(e)(2) and (sis, as explaine Stations: With Incomplete or Incomplete	y television standard accounting in June 24, 194, or 76.63 (rd din the next) respect to any ations, or auth G—but do list titute basis. In the standard accounting the station account as treams must be the FCC in the station. Whether the station account a	period, except period, except period, except per period, except per	t (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your cone Special Statement of the Special Speci	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form. The paper SA3 form. The paper SA3 form which your tering "LAC" if your cable system to apacity. The paper security is the subject testem or an association representing the transmitter, enter the designa-	G Primary Transmitters: Television	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th	simulcasts, also hree categories le location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	you carried the of the general r U.S. stations, e the name of the	channel on any ot instructions locate list the community he community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. r to which the station is licensed by the which the station is identifed.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name			
CABLE ONE, IN	NC.				007417				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens	system during the consistence of	he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In accepting substitute basis of the statement of the astation acception as the statement of th	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television			
on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.									
		CHANN	EL LINE-UP	AS					
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				
		<u> </u>							
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		<u> </u>							

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
CABLE ONE, II	NC.				007417	Nume			
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 76,58](d)(2) and (4) 76,63 (d)(2) and (4) 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 Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast). For the meaning of the									
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.				
		CHANN	EL LINE-UP	AT					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	C. EGGATION OF STATION				
	NUMBER	STATION	,	(If Distant)					
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 CABLE ONE. INC. 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.					ACCOUNTING	6 PERIOD: 2017/2			
LEGAL NAME OF OWNER OF CABLE S	YSTEM:				SYSTEM ID#	Nama			
CABLE ONE, INC. 007417									
SUBSTITUTE CARRIAGE: SPE				n that your cable system	carried on a	ı			
n 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  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?  Yes XNo									
Note: If your answer is "No", leave	he rest of this pa	ge blank. If your answer is '	'Yes," you mι	• •	• •	Program Log			
log in block 2.  2. LOG OF SUBSTITUTE PROG	PAMS								
In General: List each substitute pro	gram on a separa		wherever pos	sible, if their meaning is	3				
clear. If you need more space, plea  Column 1: Give the title of every period, was broadcast by a distant under certain FCC rules, regulation SA3 form for futher information. Do	nonnetwork televe station and that yours, or authorization	vision program (substitute pour cable system substituted is. See page (vi) of the gen	d for the prog eral instructio	ramming of another sta ons located in the paper					
titles, for example, "I Love Lucy" or	'NBA Basketball:	76ers vs. Bulls."		List specific program					
Column 2: If the program was be Column 3: Give the call sign of t									
Column 4: Give the broadcast so the case of Mexican or Canadian so	ation's location (tl	he community to which the	station is lice						
Column 5: Give the month and of					nth				
first. Example: for May 7 give "5/7." <b>Column 6:</b> State the times when	the substitute pro	ogram was carried by your o	cable system.	List the times accurate	elv				
to the nearest five minutes. Example					,				
stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the letter "R" if					ed				
to delete under FCC rules and regu gram was substituted for programm									
effect on October 19, 1976.	ing that your byot	em was permitted to delete	under i do i	alco ana regulationo in					
			WHE	EN SUBSTITUTE	7 DEAGON				
	UTE PROGRAM		1	IAGE OCCURRED	7. REASON FOR				
TITLE OF PROGRAM     Yes or		4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
				_					
				_					
				_					
				_					
				_					
				_					
				_					

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007417

# J

### Part-Time Carriage Log

### **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-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 column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred 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."

		DAT	ΓES	AND HOURS (	OF F	PART-TIME CAF	RRIAGE				
CALL SIGN	WHEN CARRIAGE OCCURRED								N CARRIAGE OCCURRED		
OALL GION	DATE	FROM	OUR	S TO		OALL GION	DATE	FROM	IOUR	s TO	
			_						_		
			-=								
			-=-								
			-=-								
			_						_		
			_						_		
			-=								
			-=-								
			-=-								
			_						_		
			-=								

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID# 007417	Name			
	BLE ONE, INC.			007417				
all a (as pag	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)							
<ul><li>Con</li><li>Con</li><li>If you</li><li>If you</li></ul>	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should by $k$ 3 below.	e entere	d on line	1 of				
If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entered	on line 2	in block				
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be e	ntered or	ı line				
	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.	e is 1.06	4 percen	t of the				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	7,843,176.00				
	Enter the result here. This is your minimum fee.	\$		83,451.39				
Block 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 colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perion in the column in the property of the property in the property of the property in the property of the pro	nn 4, yo od?	u must cl	neck				
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_	\$	19,360.56				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$		19,360.56				
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	_	\$	83,451.39	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r		0.00	submitting additional			
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. <b>FILING FEE</b>							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		84,176.39	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (separetal instructions located in the paper SA3 form for more information.)	See pag	je (i) of th	e				

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:	SYSTEM ID#							
Name	CABLE ONE, INC.		007417							
	CHANNELS									
M	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.									
Channels										
		f channels on which the cable broadcast stations	19							
	system camed television	bioadcast stations								
	2. Enter the total number o	f activated channels								
	on which the cable syster	n carried television broadcast stations	282							
	and nonbroadcast service	98								
N	INDIVIDUAL TO BE CONT	FACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
	we can contact about this s	· · · · · · · · · · · · · · · · · · ·								
Individual to										
Be Contacted for Further	Name <b>EMERSON</b>	YEARWOOD Telephone	602-364-6195							
Information	Name LINLINGOIN	Telephone	002-004-0130							
	Address 210 E. EARL	L DRIVE								
		al route, apartment, or suite number)								
	PHOENIX, A (City, town, state, zi	Z 85012-2626								
	(City, town, state, 2)	o)								
	Email eme	erson.yyearwood@cableone.biz Fax (optional) 602-364-	6013							
	CERTIFICATION (This state	ment of account must be certifed and signed in accordance with Copyright Office req	gulations.							
0										
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)								
	(Owner other than corn	oration or partnership) I am the owner of the cable system as identifed in line 1 of space	e R· or							
	(Owner other than corp.	oration of particles in principles and the cause system as definited in line 1 or speci-	<i>5 B</i> , 01							
	(Agent of owner other the	nan corporation or partnership) I am the duly authorized agent of the owner of the cabl	e system as identified							
	in line 1 of space B a	nd 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 identifed as o	wner of the cable system							
	in line 1 of space B.									
	I have examined the staten	nent of account and hereby declare under penalty of law that all statements of fact contain	ned herein							
	are true, complete, and corre [18 U.S.C., Section 1001(19	ect to the best of my knowledge, information, and belief, and are made in good faith.								
	[10 0.3.0., Section 1001(19	00)]								
	X	/s/ Raymond Storck								
	Enter	an electronic signature on the line above using an "/s/" signature to certify this statement.								
	(e.g.,	Is/John Smith). Before entering the first forward slash of the /s/ signature, place your cursor button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu								
			, , ,							
	Туре	d or printed name: RAYMOND STORCK								
	Title:	VICE PRESIDENT								
	ride.	(Title of official position held in corporation or partnership)								
	Date	February 28, 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 th 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 telephor 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 sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	007417	
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 shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to  For more information on when to exclude these amounts, see the note on page (vii) of the general instrupaper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	for the basic not include sub- section 119."	Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For 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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	terest charge) 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 Copyrig 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		

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2017/2

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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 the character and a contract of the contract of the party of	

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 C 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 or 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 particula 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  $\varepsilon$  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, ir 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  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 SCHEDULE

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

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

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

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

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

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

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

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

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

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

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

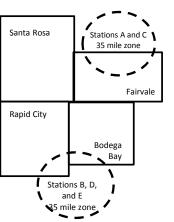
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE**:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

**ACCOUNTING PERIOD: 2017/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABL	S	STEM ID#										
Т	CABLE ONE, INC.			007417									
	SUM OF DSEs OF CATEGOR	RY "O" STATION:	S:										
	Add the DSEs of each station		<b>.</b>										
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.75								
	Unotructions			I.									
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column												
	of space G (page 3).	space G (page 3).											
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs												
of DSEs for													
Category "O" Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
Stations	WDSU		CALL SIGN	DSE	CALL SIGN	DSE							
		0.250											
	WKRG	0.250											
	WYES	0.250											
Add rows as		<u>.</u>											
necessary.													
Remember to copy													
all formula into new		<u> </u>											
rows.													
		·											
		<u>-</u>											
		·											
		<del> </del>											
		<del> </del>											
		<mark></mark>											
		<b></b>											
		<b></b>											
		<u>.</u>											
		]["		]									

Name	CABLE ONE, IN						S	YSTEM ID# 007417
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: Fo figure should corre Column 3: Fo Column 4: Div be carried out at le Column 5: Fo give the type-value Column 6: Mu	e call sign of all dista or each station, give the espond with the information each station, give the tright of the figure in columents to the third deciror each independent see as ".25."	he number of hours mation given in space he total number of hourn 2 by the figure in mal point. This is the station, give the "typ lumn 4 by the figure	your cable system to J. Calculate on ours that the statin column 3, and g "basis of carriage e-value" as "1.0." in column 5, and	n carried the sta ly one DSE for e on broadcast ov ive the result in e value" for the s For each network give the result in	tion during the accounting each station. er the air during the acco decimals in column 4. Th	ounting period. his figure must cational station,	
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NI JRS 0 ED BY S	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	βE
						x		
						x		
						x x	<u>_</u>	
			÷	=		x	=	
			÷	=		x	=	
			÷ ÷	=======================================		<u>х</u> х	<u>=</u>	
	Add the DSEs of ea	CATEGORY LAC S ach station. ere and in line 2 of pa		3,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect of Broadcast one of space I).     Column 2: For at your option. This Column 3: Ente Column 4: Divide Column 4: Divide Column 5: Enter Column 5: Enter Column 6: Enter Colu	your system in substin October 19, 1976 (or more live, nonnetwo each station give the figure should correser the number of days de the figure in column	itution for a program as shown by the lett ork programs during number of live, non spond with the informs in the calendar yearn 2 by the figure in	that your system or "P" in column 7 that optional carris metwork programs nation in space I. r: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by as carried in substance) a leap year.  The the result in compare the result in co	rograms) if that station: o delete under FCC rules t the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions in	2 of were deleted s than the third	rm).
	•	SUI	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	ATION OF DSEs	1	
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷				÷		=
		÷				÷		
		÷				· · · · · · · · · · · · · · · · · · ·	•	=
		÷		=		÷		=
	Add the DSEs of ea	SUBSTITUTE-BASI ach station. ere and in line 3 of pa		3,		0.00	]	
<b>5</b> Total Number of DSEs		plicable to your system Es from part 2● Es from part 3●		in parts 2, 3, and	4 of this schedule	e and add them to provide	0.75 0.00 0.00	
	TOTAL NUMBER O	F DSEs						0.75

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

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 007417	Name
Instructions: Bloc		nleted						007417	
In block A:			ort 6 and nort	7 of the DSE cohe	adula blank ar	ad complete p	ort 9 (nago 16) of	the	6
schedule.				7 of the DSE sche	edule blank ar	ia compiete pa	art 8, (page 16) or	trie	U
If your answer if	"No," complete blo			TELEVISION M.	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—D	OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1:				part 2, 3, and 4 of					
CALL SIGN		ne DSE Sche	dule. (Note: Ti	ne 25, 1981. For funder the letter M below report Act of 2010.)	•	•			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	iles and regul	lations cited b	asis on which you o elow pertain to tho urket quota rules [7	se in effect or	n June 24, 198		j tc	
	B Specialty stati C Noncommeric	al educationa d station (76.6	al station [76.5 65) (see parag	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su	63(a) referring	g to 76.61(d)			
	E Carried pursua *F A station pre G Commercial U	ant to individu viously carrie JHF station w	ual waiver of Fed on a part-tire	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)	
	M Retransmission	on of a distan	t multicast stre	eam.					
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WDSU WKRG	D D	0.25 0.25							
WYES	C	0.25							
			1						
								1.50	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove			,		
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				·		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007417 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE SIGN BASIS SIGN **BASIS** BASIS SIGN Computation of 3.75 Fee **WDSU** 0.25 D D **WKRG** 0.25 С **WYES** 0.25

Name	CABLE ONE, IN		SYSTEM:						S	007417			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule  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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.												
		PERMITTI	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL     2. PRIOR     3. ACCOUNTING     4. BASIS OF     5. PRESENT     6. PERMITTED       SIGN     DSE     PERIOD     CARRIAGE     DSE     DSE												
									••••••				
<b>7</b> Computation of the Syndicated		"Yes," comple	ete blocks B and C ocks B and C blar	k and complete		art 8 of the DSE sched							
Exclusivity			2200	1471.1111110014									
Surcharge	Is any portion of the or	cable system w	rithin a top 100 maj	or television mar	rket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?			
	X Yes—Complete	blocks B and	C .			No—Proceed to	part 8						
	BLOCK B: C	arriage of VHF	Grade B Contou	Stations		BLOCK	( C: Compu	ıtation of Exem	pt DSE	S			
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76	le system p						
	Yes—List each s  X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each st  X No—Enter zero a			ate permi	itted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE			
		·····					·						
				-									
		<del></del>	TOTAL DSEs	0.00			•	TOTAL DS	SEs	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 007417	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	7,843,176.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	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	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned 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 DS	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)		
	C. Subtract 1.000 from total permitted DSEs (the figure on	_	
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
0.5	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		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS 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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	(	CABLE ONE, INC.	007417
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. 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.	
Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	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. lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. In answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  In answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)	_
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1)	-
		Base Rate Fee	0.00

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

	AME OF OWNER OF CABLE SYSTEM:  LE ONE, INC.	SYSTEM ID# 007417	Name
Section	If 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>&gt;</b>		
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here <b>\$</b>		Base Rate Fee
	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	
nstead	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
Space n Gen	G. <b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe	e to exclude	
eceipts	is from subscribers located within the station's local service area, from your system's total gross receipts. To take ton, you must:		Computation of
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant	to the same	Base Rate Fe and
station DSEs a	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	e the number of	Syndicated Exclusivity Surcharge
•	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B babbe system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1:	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant states that a community.	ation you	for Partially Permitted Stations
Step 2: outside	to that community.  For each wholly distant and each partially distant station you carried, determine which of your subscribers were the station's local service area. A subscriber located outside the local service area of a station is distant to that si		
Step 3:	ne token, the station is distant to the subscriber.)  Divide your subscribers into subscriber groups according to the complement of stations to which they are distant ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note t		
	will have only one subscriber group when the distant stations it carried have local service areas that coincide.	nat a cabic	
Compu groups.	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sy	stem's subscriber	
In each	section:		
• Give t	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.	all of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it f this schedule; or,	in parts 2, 3,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule.	block B,	
Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
<ul> <li>Comp page. I DSEs fe</li> </ul>	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the formal that group's complement of stations and total gross receipts from the subscribers in that group). You do not necalculations on the form.	hat is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007417 CABLE ONE, 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.

CABLE ONE, INC.		E SYSTEM:				S	O07417	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA	OCEAN	SPRINGS, PORT	IONS O	COMMUNITY/ AREA	PASCAC	GOULA, ESCATAV	WPA, POR	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WDSU	0.25							Base Rate Fe
WYES	0.25							and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			T					
			I					
			I					
			Ţ		T			
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 1,298	256.00	Gross Receipts Secon	d Group	\$ 1,65	59,136.00	
<b>Base Rate Fee</b> First G	iroup	\$ 6	,906.72	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	IP.	
COMMUNITY/ AREA		, HARRISON COU		COMMUNITY/ AREA HARRISON CO (DIAMONDHEAD), C				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WYES	0.25			WYES	0.25			
			<b>_</b>					
			<b></b>					
			<u></u>		ļ			
			<b></b>					
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	<mark></mark>		<b></b>		<b></b>			
		-	<b>_</b>		<b></b>			
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	<mark></mark>	-	<b></b>		<b>-</b>		<mark> </mark>	
	<u> </u>		<b></b>		<b></b>		<u> </u>	
	<u> </u>		<b></b>		<b></b>			
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts Third (	Group	s 1.671	747.00	Gross Receipts Fourth	Group	\$ 2,83	31,458.00	
	~~P	- 1,071	, <u></u>	3.555 / Goorpto i Guitti	. J. Jup		,	
Base Rate Fee Third (	Group	\$ 4	446.85	Base Rate Fee Fourth	Group	\$	7,531.68	
Base Rate Fee: Add to	ne <b>base rat</b>	e fees for each subsc	riber aroun	as shown in the boxes a	bove.			
Enter here and in block			J. 54P			\$ 1	9,360.56	

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007417	Name
	FIFTH	COMPUTATION OF SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA		OCK COUNTY (DI		COMMUNITY/ ARE		EAVE		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WDSU WYES	0.25 0.25			Base Rate Fee and
		-						Syndicated
								Exclusivity
					<b></b>			Surcharge for
								Partially
		-						Distant
		<u> </u>			·····			Stations
					<b></b>			
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First G	Group	\$ 293	,235.00	Gross Receipts Sec	ond Group	\$	89,344.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	475.31	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU	0 0	
OCIVII/ONT 177 WEST				OGWWOTH 1774KE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
		<u> </u>						
					·····			
					<u></u>			
					·····			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OW		E SYSTEM:				S	YSTEM ID# 007417	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	0
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-				Exclusivity Surcharge
								for
							<u></u>	Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		SUBSCRIBER GRO		COMMUNITY/ADEA		I SUBSCRIBER GRO		
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	a Group	\$	0.00	Gross Receipts Four	tn Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007417	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	RTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	_			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Office Office	DOL	OALL GIGIT	DOL	OTTLE GIGIT	BOL	O'NEE O'O'N	DOL	Base Rate Fee
								and
								Syndicated
	<u> </u>							Exclusivity
	<mark></mark>					-		Surcharge
	<mark></mark>		<u></u>			-	····	for
	<mark></mark>		<del></del>			-		Partially Distant
	···		<del></del>			-		Stations
	<u></u>		<u></u>			-		
	<u>.  </u>							
	<mark></mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	)UP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
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	<del></del>							
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO	OUP	Ħ		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
			····		•••••		····	Surcharge
								for
								Partially
								Distant
	<u>.</u>		····		·····			Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	INTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark>.</mark>				·····			
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
•	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<del>.</del>					Base Rate Fe
	·····		<u></u>	-	·····			and Syndicated
		<b>-</b>	<del></del>	·	••••			Exclusivity
								Surcharge
								for
								Partially
								Distant
	····	-	<del></del>	·	····			Stations
		-	···		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO	UP	TWEN	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				<u></u>			
			···					
		=						
	·····		<del></del>		·····			
	····		···		••••			
		_						
	<u></u>				<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
				TE FEES FOR EAC				
		SUBSCRIBER GROU		ii		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
	<u></u>				<u></u>			Syndicated Exclusivity
				-			·····	Surcharge
								for
					<u></u>			Partially
	·····				<del></del>			Distant Stations
					<del></del>			Otations
					<u></u>			
	·····				<del></del>			
Total DSEs		!	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Raco Pato Foo Third	Group	¢	0.00	Raco Pato Foo Found	h Group	•	0.00	
Base Rate Fee Third	отоир	\$	0.00	Base Rate Fee Fourt	ii Gioup	\$	0.00	
			criber group	as shown in the boxes	above.			
Enter here and in blo	ck 3, line 1, s	space L (page 7)				\$		

EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
							<u> </u>	Exclusivity Surcharge
		<del> </del>				•		for
								Partially
								Distant
								Stations
	·····	<b>-</b>						
	•••••	<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-FIRST	SUBSCRIBER GRO	DUP	11		SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<del> </del>		-		-		
		<u> </u>						
	·····							
		H						
		-	••••			•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	. J. Jup	·			. э. этоар	<u>*</u>		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
					<u> </u>			and
					<u></u>			Syndicated Exclusivity
								Surcharge
					<u> </u>			for
					<u></u>			Partially Distant
								Stations
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .		I SUBSCRIBER GROU	JP -	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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				-	<u>-</u>			
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					<u></u>			
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	า Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
				ATE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GROU		TI .		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u>.</u>				<u></u>			and
					<del></del>			Syndicated Exclusivity
	···				<del></del>			Surcharge
		-						for
		-			<u></u>			Partially
	<u></u>				<del></del>			Distant Stations
					<u></u>			Stations
			ļ		<u></u>			
					<del></del>			
Total DSEs	<u> </u>		0.00	Total DSEs		<del>!!</del>	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	nd Group	\$	0.00	
Gross Neceipts First C	эгоир	4	0.00	Gloss Neceiplis Seco	na Group	<b>4</b>	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				<del></del>			
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		-						
	<u></u>				<del></del>			
					<del></del>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					<del> </del>			Syndicated Exclusivity
					···			Surcharge
								for
								Partially
		-						Distant Stations
								Stations
					<del></del>			
Total DSEs		Į.	0.00	Total DSEs		¥!	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	nd Group	\$	0.00	
Gross Receipts First	Согоир	•	0.00	Gloss Necelpts Secon	na Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····				<del> </del>			
					···			
		-						
					···			
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	ry-FIFTH	SUBSCRIBER GROU		Ti .	RTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u>.</u>			Exclusivity
					<b></b>			Surcharge for
					······			Partially
								Distant
								Stations
					<mark>.</mark>			
					<mark>-</mark>			
						-		
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	EVENTH	SUBSCRIBER GROL	JP	11	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>	 		
					<u>-</u>		····	
					·	•		
					<u>.</u>		<u></u>	
					<b></b>	<b>-</b>		
					<u>.</u>			
					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	······		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		ļ						Base Rate Fe
								and
			<u></u>		·····			Syndicated Exclusivity
								Surcharge
		-						for
								Partially
								Distant
								Stations
		<u> </u>	<del></del>		·····			
••••••			···		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECONE	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<del></del>		••••			
			<u></u>					
			<del></del>					
		-			·····			
		-						
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	up	<u>-</u>			Стоир	<u>-</u>		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
B	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	TY-THIRD	SUBSCRIBER GRO		t e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity
					·····	-		Surcharge for
						-		Partially
								Distant
								Stations
						-		
	···				••••			
Total DSEs	•	-	0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FII	TY-FIFTH	SUBSCRIBER GRO	UP	1	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····	-		
						<del> </del>		
	····		····			<del> </del>	····	
					·····	-		
					·····			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA	SEVENIH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	9
OALL CION	T por	L CALL CION	T por			II OALL CION	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
					••••			and
		-	•					Syndicated
								Exclusivity
								Surcharge
						-		for
	<u></u>		<u>.</u>		·····			Partially Distant
			<u>.</u>		····			Stations
	<u> </u>		<u>-</u>		••••			Otations
					•••••			
	<u>.</u>							
			2.00				2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			······································			-		
		-				-		
	<u> </u>							
	<mark></mark>		<b></b>					
	<mark></mark>		<b></b>					
			······································			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Froun	•	0.00	Gross Receipts Fou	rth Group	<b>\$</b>	0.00	
TOTOSS NECEIPIS TIIIU (	Jioup	\$	0.00	Oloss Necelpis Fou	rur Group	Ψ	3.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subso	criber aroun	as shown in the boxe	s above			
Enter here and in block			J 4P			\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u>.</u>					and
			<del></del>					Syndicated Exclusivity
	·····		····					Surcharge
								for
								Partially
			<del></del>		····			Distant Stations
	·····		<del></del>					Otations
	·····		<mark></mark>		·····			
Total DSEs		<u> </u>	0.00	Total DSEs		**	0.00	
					and Craun	<b></b>	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
				1				
					<u></u>			
		-		·				
			<mark></mark>		<u></u>			
	·····	-	····		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
E	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		TT .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	····							Base Rate Fe
	····		<del></del>					and
			<del></del>				<u></u>	Syndicated Exclusivity
		<del> </del>					·····	Surcharge
								for
								Partially
	<mark></mark>		<u></u>					Distant
	····		<del></del>					Stations
		H						
		=						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	····		<del></del>	-	·····		<del></del>	
			<u></u>					
			<u></u>					
		-						
	····		<u></u>			.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-					-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
	<u></u>		<mark></mark>		<u></u>			Exclusivity Surcharge
						-		for
	<b></b>		<u></u>			 		Partially Distant
								Stations
	····				<u></u>	-		
		<b>-</b>						
	<u></u>				<u>.</u>	<u>                                     </u>		
Total DSEs			0.00	Total DSEs		Į.	0.00	
<del></del>			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
SEVE COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	SEVEN		SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
	<u></u>	<b>-</b>						
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-	<u></u>			Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		1 SUBSCRIBER GRO		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			-		<u></u>		<u> </u>	Exclusivity Surcharge
			·		<u></u>			for
		-						Partially
								Distant
								Stations
					<u></u>			
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-	<del></del>	-	<u> </u>	
					<u></u>			
			•		<u></u>		····	
			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
		<del> </del>						Surcharge
								for
								Partially
		-	<u></u>					Distant
								Stations
	••••				•••••			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIG	HTY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		<u> </u>	···					
					••••			
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EACH				
EIG COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
		-						Syndicated
								Exclusivity
	····			-				Surcharge for
								Partially
								Distant
					<del></del>			Stations
								ı
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	····			-				ı
								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	ı
								ı
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	ı
EIGHTY COMMUNITY/ AREA		SUBSCRIBER GROU	<u>лР</u>	EIGH COMMUNITY/ AREA		1 SUBSCRIBER GROU	JP <b>0</b>	ı
OOMINIONI II AKLA				OOMMONT IT AREA		ı		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
	<u></u>	 			<u></u>			ı
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								ı
Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	h Group	\$	0.00	ı	
Page Pate Fee Thind	Group		0.00	Page Pata For Found	h Crous	•	0.00	ı
Base Rate Fee Third	Group	<u></u> \$	0.00	Base Rate Fee Fourt	п стоир	\$	0.00	1
Base Rate Fee: Add	the <b>hase rat</b>	e fees for each subsc	riher arour	as shown in the boxes	ahove			1
Enter here and in blo			g. oap			\$		1

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
					<u></u>			Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
					<u></u>			
		<b>-</b>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••							
		<u> </u>						
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	···							
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	th Group	\$	0.00		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
I	BLOCK A: (	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		††		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fe
	<del></del>							and Syndicated
	····	-	<del></del>					Exclusivity
		_						Surcharge
	<mark></mark>							for
	····		<del></del>					Partially Distant
	····	<b>-</b>	···	·		•		Stations
	<u>.</u>		<u></u>			-		
	····							
	····		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		II		1 SUBSCRIBER GRO	UP <b>0</b>	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
				-		-		
		<b>-</b>						
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	<u></u>		<u></u>					
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee
					<u></u>			and
								Syndicated Exclusivity
					····			Surcharge
								for
	<u></u>							Partially
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Total DSEs	! !		0.00	Total DSEs			0.00	İ
-			0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
·	•				•			İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU		1
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	1		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
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Total DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		LE SYSTEM:				S	YSTEM ID# 007417	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDRI	ED SECOND	SUBSCRIBER GRO	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>					Base Rate Fee
			<del></del>					Syndicated
	<u></u>	<b></b>	······································		••••			Exclusivity
								Surcharge
	<u> </u>	ļ	<u> </u>					for
		-						Partially
	<u></u>		<u> </u>	-				Distant Stations
	···	-	······································	·				Stations
			···					
	<u></u>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRI	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>	_	<u> </u>					
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	<mark></mark>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
	- ·				oup	<u></u>		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACI		RIBER GROUP I SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE				
				-				Base Rate Fee and	
					<u></u>			Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
					<u></u>		<u> </u>		
					<u></u>				
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
ONE HUNDRE	D SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	SUBSCRIBER GROU	UP		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	:h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				SI	O07417	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH				
	D NINTH	SUBSCRIBER GROL		Ti .	RED TENTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			 					Syndicated
							<del></del>	Exclusivity
					<del>.  </del>		<u></u>	Surcharge
					<del></del>	-	<del></del>	for Partially
					•		<u></u>	Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED EL	EVENTH.	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-					<u></u>	
					<del></del>	-	<del></del>	
		-			<u></u>		<u></u>	
							<u></u>	
					<del></del>		<del></del>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EACH					
ONE HUNDRED TH		SUBSCRIBER GROU	)P 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9	
CALL CLON	l por I		DOE		T DOE	T CALL CLON		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
	<u>.</u>							Surcharge	
								for Partially	
	····							Distant	
								Stations	
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				-					
	····								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.0				Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRED E	IFTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	SIXTEENTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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	····								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
	- ~r	<u>·</u>			<b>r</b>	·			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EAC				
		SUBSCRIBER GROU		11		1 SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-			<u></u>			and
					<del></del>			Syndicated Exclusivity
								Surcharge
								for
					<u></u>			Partially Distant
					<del></del>			Stations
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					<del></del>	· · · · · · · · · · · · · · · · · · ·		
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.0				Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee Firs		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GROU		iii .		SUBSCRIBER GRO		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	- 010up	[*	3.00		0.0up	<u> </u>	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		
		·· · · ·						

CABLE ONE, INC		LE SYSTEM:				S	YSTEM ID# 007417	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GRO	UP			SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	···		···		••••			Syndicated
								Exclusivity
								Surcharge
		-						for
			<del>  </del>		·····			Partially Distant
	···		···	·				Stations
					····			
T-4-1 DOE-			0.00	T-4-L DOE-		Ц	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<del></del>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417							
				ATE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		I SUBSCRIBER GROUF	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
			ļ 					Syndicated
	·····				<u></u>			Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NE HUNDRED TWEN	TY-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-EIGHTH	SUBSCRIBER GROUP	)	
COMMUNITY/ ARE	٩		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							••••	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417							
Е	BLOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP			THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OALL SIGIV	BOL	O/ILL GIGIT	202	O'NEE GIGIT	DOL	O'ALL SIGIY	502	Base Rate Fee
								and
								Syndicated
	<del></del>							Exclusivity
					<u> </u>		····	Surcharge for
	····	-						Partially
								Distant
								Stations
	<u>.</u>							
	····							
							•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	ross Receipts First Group \$ 0.0				nd Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii e	TY-SECONE	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
The state of the s	-:- <b>-:</b>	·		l sur sur sur sur sur sur sur sur sur sur		<u></u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417							
ONE HUNDRED TI	HIRTY-THIRD	COMPUTATION OF SUBSCRIBER GROUP	1	it .	RTY-FOURTH	RIBER GROUP H SUBSCRIBER GROUF		9
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fee and
								Syndicated
					<u></u>			Exclusivity
	·····				<del></del>			Surcharge for
								Partially
	<u></u>				<u></u>			Distant Stations
					<u></u>			Otations
	·····	<u> </u>			<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROUP		11		H SUBSCRIBER GROUF		
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	·····				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	O07417	Name
L				TE FEES FOR EACH				
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ti e	RTY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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T-4-1 DOE-			0.00	T-4-1 DOF			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417							
				TE FEES FOR EACH				
		SUBSCRIBER GROUP	0	H		SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA	٩			COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
					<u></u>			and
								Syndicated Exclusivity
					-			Surcharge
								for
								Partially
	·····				<u></u>			Distant Stations
								Stations
					<u></u>			
						-   -		
Total DSEs	1		0.00	Total DSEs	_	11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
						·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		I SUBSCRIBER GROUF		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
					<u></u>		<u></u>	
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					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							<b></b>	and
							<b></b>	Syndicated Exclusivity
							<b></b>	Surcharge
							<u> </u>	for
								Partially
								Distant
							<b></b>	Stations
		-					·····	
							<b></b>	
Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	<b>\$</b>	0.00	
·	·							
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ii .	TY-EIGHTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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							<b></b>	
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							<b></b>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417							
				TE FEES FOR EAC				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u> </u>					Exclusivity
	<u></u>		<u>.</u>			-		Surcharge for
		-						Partially
								Distant
	<u> </u>							Stations
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	<u></u>		<u>.</u>		·····			
	<del></del>		······································			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u>.</u>					
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	<u></u>		<b></b>					
	<u></u>		<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	r				<b>r</b>			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	te fees for each subse	criber group	as shown in the boxe	s above.			
Enter here and in block	k 3, line 1,	space L (page 7)				\$		

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EACH					
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GROU	JP <b>0</b>	ONE HUNDRED FIFT		I SUBSCRIBER GROU	JP <b>0</b>	9	
OGWINIOTATT TO TAKE T								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
	<u></u>				<del></del>			Base Rate Fee and	
	···							Syndicated	
								Exclusivity	
					<u></u>			Surcharge	
	<del></del>				···			for Partially	
								Distant	
								Stations	
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	<u></u>				···				
					<u></u>				
T. / I DOE			0.00	T			0.00		
Total DSEs	_		0.00	Total DSEs			0.00		
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
	FTY-FIFTH	SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP -		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>				<u></u>				
	<del></del>				<del></del>				
	<del></del>				···				
	<del></del>				<del></del>				
					<del></del>				
Total DSEs			0.00	Total DSEs		11	0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007417								
				ATE FEES FOR EACH					
ONE HUNDRED FIFT		SUBSCRIBER GROUP	0	ONE HUNDRED FI		1 SUBSCRIBER GROUP	0	9	
COMMONT IT AREA				COMMONT IT AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
					<u></u>			Base Rate Fee	
					<u></u>			and Syndicated	
		-						Exclusivity	
								Surcharge	
					<u></u>			for Partially	
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								Stations	
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	····				<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRED I	FIFTY-NINTH	SUBSCRIBER GROUP	1	ONE HUNDRE	ED SIXTIETH	H SUBSCRIBER GROUP	)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u></u>				
				-					
					<u></u>				
						-   -			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

CABLE ONE, INC.		LE STSTEIVI.					YSTEM ID# 007417	Name
В				TE FEES FOR EACH				
	FIRST	SUBSCRIBER GRO	UP			SUBSCRIBER GROU		0
COMMUNITY/ AREA	OCEA	N SPRINGS, POR	TIONS O	COMMUNITY/ AREA	PASCA	GOULA, ESCATA	WPA, POR	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
							<mark></mark>	Syndicate
								Exclusivit
								Surcharge
						-		for
							<mark></mark>	Partially
								Distant
								Stations
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					<b>.</b>			
					<b></b>			
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	roup	<u>\$</u> 1,298	,256.00	Gross Receipts Secon	d Group	\$ 1,65	59,136.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$ 1,671	,747.00	Gross Receipts Fourth	Group	\$ 2,83	31,458.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				II				
			criber group	as shown in the boxes a	above.		0.00	
-nter here and in block	3, line 1,	space L (page 7)				\$	0.00	

							007417	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	9
CALL SIGN	HANCO	OCK COUNTY (DI	AMOND	COMMUNITY/ AREA	VANCLE	EAVE		Computation
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
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otal DSEs			0.00	Total DSEc	· ·	H	0.00	
otal DSES				Total DSEs				
Gross Receipts First Gro	up	\$ 293	,235.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	d Group	\$		
SE	VENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
Fotal DSEs			0.00	Total DSEs			0.00	
	NID				Group			
	oup	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
Total DSEs Gross Receipts Third Gro		\$				\$		

	ID	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO		В
9	0	- COBCONDENCE ON CO		COMMUNITY/ AREA	0	- CODOCKIDENT ONC		COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN
and								
Syndicate								
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Surcharg							<u></u>	
for			<u>.</u>				<mark></mark>	
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Stations			·				<del></del>	
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G
		·	•			-	•	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>ase Rate Fee</b> First G
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	E
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
	0.00		Crown		0.00		Orași a	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs iross Receipts Third (

Name	O07417	S'				LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	IRTEENTH			SUBSCRIBER GRO	RTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe		-						
and	<u>.</u>							
Syndicated Exclusivity		-			<mark>.</mark>			
Surcharge	···-	-			<u>.</u>		··	
for						-		
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	0.00			Total DSEs	0.00		_	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	IXTEENTH	S	UP	SUBSCRIBER GRO	FTEENTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	ID			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	HIEENIH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	NICCNIN	COMMUNITY/ AREA
Computati								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							<u></u>	
and Syndicate	<u></u>						<u></u>	
Exclusivi	····						<u></u>	
Surcharg	····						<u></u>	······
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Partially		_					<mark></mark>	
Distant				••••••				
Stations	<u></u>			••••••			<u> </u>	
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	0.00			Total DSEs	0.00			otal DSEs
	0.00 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Fross Receipts First G
		\$	d Group	Base Rate Fee Second	0.00	\$	roup	<b>ase Rate Fee</b> First G
		SUBSCRIBER GROU	/ENTIETH	TV	JP	SUBSCRIBER GROU	NTEENTH	NII
	COMMUNITY/ AREA 0				0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		II		Total DSEs	0.00		1	otal DSEs
	0.00			11				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
		\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (

	007417							
	ID			TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GRO	II I-FIRSI	COMMUNITY/ AREA
Computati								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndicate		-						
Exclusivi								
Surcharg		-					···	
for								
Partially								
Distant		-						
Stations		-					<del></del>	
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Gross Receipts Second Group \$			\$	Group	Fross Receipts First G
		\$	d Group	Base Rate Fee Secon	0.00	\$	Group	<b>ase Rate Fee</b> First G
	JP	SUBSCRIBER GROU	/-FOURTH		JP	SUBSCRIBER GRO	TY-THIRD	TWEN
	COMMUNITY/ AREA 0				0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
			Group			s	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs

Name	YSTEM ID# 007417	S			•	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and				•••••				
Syndicated							·	
Exclusivity								
Surcharge for		-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP	SUBSCRIBER GRO	SEVENTH	TWENTY-S
	0	COMMUNITY/ AREA 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00		_	Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

						LE OTOTEM.		CABLE ONE, INC.
				TE FEES FOR EACH				
.         9		SUBSCRIBER GROL	HIRTIETH			SUBSCRIBER GRO	ΓY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						-		
Syndicated								
Exclusivity Surcharge							<u>.</u>	
for						-	·	
Partially		-						
Distant								
Stations								
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		-						
_	0.00			Total DSEs	0.00			Total DSEs
-	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gi
	JP	SUBSCRIBER GROU	'-SECOND	THIRTY	JP	SUBSCRIBER GRO	TY-FIRST	THIR
)	COMMUNITY/ AREA 0		0			COMMUNITY/ AREA		
<u></u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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1	0.00			Total DSEs	0.00			Total DSEs
-	0.00	¢	Group		0.00	•	Proup	Gross Receipts Third G
-	<u> </u>	Ψ	Group	Gross Receipts Fourth	0.00	\$	лоир	Gross Necelpts Third G
			_	Base Rate Fee Fourth	0.00	\$	roun	Base Rate Fee Third G

	A . OOMBUTATION						
1111711-11111	A: COMPUTATION ( RD SUBSCRIBER GR		TE FEES FOR EAC		RIBER GROUP  I SUBSCRIBER GRO	LIP	
OMMUNITY/ AREA	AD GODGONIDEN GR	0	COMMUNITY/ ARE		ODDOONIDER GRO	0	9
							Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				·····		<u> </u>	Base Rate I
							and Syndicate
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							Surcharg
							for
							Partially
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							Stations
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	ots First Group \$		Gross Receipts Second Group \$			0.00	
recent teconpies i met eneup		0.00		ona oroap	<u>*</u>	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$		
THIRTY-FIF	TH SUBSCRIBER GR	OUP	T	HIRTY-SIXTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	COMMUNITY/ AREA 0		_	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u></u>	
					-		
otal DSEs		0.00	Total DSEs			0.00	
				with Curacum	•	_	
ross Receipts Third Group	\$	0.00	Gross Receipts Fou	iiii Group	\$	0.00	
			H				

Name	YSTEM ID# 007417	S'			·	LE SYSTEM:		LEGAL NAME OF OWNE CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity Surcharge							·	
for		-					·	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	ORTIETH		JP	SUBSCRIBER GRO	ΓΥ-NINTH	THIRT
	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007417	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GRO			Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-				-		and
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	ļ						<u>.</u>	
	<b> </b>	-					<b></b>	
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			<u> </u>		·		····	
Total DSEs	!!		0.00	Total DSEs		Ш	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
							0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	d Group	\$		
FOR1	Y-THIRD	SUBSCRIBER GRO	UP	FORT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
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	<u> </u>							
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						-		
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 007417	S`				LE SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity Surcharge								
for	<u> </u>	-					··	
Partially	····							
Distant								
Stations								
	<u></u>						<mark>.</mark>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	FOR <sup>-</sup>	UP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				Total DSF-				Total DSFs
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

9 Computation		LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
Computation				TE FEES FOR EACH					
Computation		SUBSCRIBER GROU	FIFTIETH	OOMAN BUT (125		SUBSCRIBER GRO	ΓΥ-NINTH		
•••	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated Exclusivity							·		
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-	0.00			Total DSEs	0.00			Total DSEs	
_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First G	
	JP	SUBSCRIBER GROU	-SECOND	FIFT	JP	SUBSCRIBER GRO	TY-FIRST	FIF	
<u></u>	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
····	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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		-				H	·		
_	0.00			Total DSEs	0.00			Total DSEs	
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G	

<u> </u>								
	ID			TE FEES FOR EACH				
9	)P	SUBSCRIBER GROU	-FUUKIH	COMMUNITY/ AREA	<u> </u>	SUBSCRIBER GRO	I 1-I HIKD	COMMUNITY/ AREA
Computat     of     Base Rate     and     Syndicat     Exclusiv     Surchard     for     Partially				COMMONT IT AREA				SOMMONT IT ANEA
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		-					<u> </u>	
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TY-SIXTH	FIF	JP	SUBSCRIBER GRO	TY-FIFTH	FIF
	0			FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
	0.00			Total DSEs	0.00			Total DSEs
		\$				CALL SIGN		

	ID			TE FEES FOR EACH				
9	JP <b>0</b>	SUBSCRIBER GROU	T-EIGHTH	FIFT COMMUNITY/ AREA	)P <b>0</b>	SUBSCRIBER GROU	PEVENIH	FIFTY-S COMMUNITY/ AREA
Computati				COMMONT IT AREA				DOMINIONIT I/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate						-	<u></u>	
Exclusivi Surcharg								
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Partially								
Distant		_					<u>.</u>	
Stations							<u></u>	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
	1							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>ase Rate Fee</b> First G
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROU	TY-NINTH	FIF <sup>*</sup>
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00		1	otal DSEs
		- S	Groun		,	<b>\$</b>	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third (

	A: COMPLITATION (						
01/11 1-1111	ST SUBSCRIBER GR		TE FEES FOR EAC		RIBER GROUP  SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	o. oobookiblik GR	0	COMMUNITY/ ARE		CODOUNDER GRO	0	9
							Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
		·····				<u></u>	Syndicate
							Exclusivit
							Surcharg
							for
							Partially
							Distant
							Stations
						<u> </u>	
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	<u>·</u>						
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-THII	RD SUBSCRIBER GR	OUP	SIX	(TY-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		·····		·····			
						<u></u>	
otal DSEs		0.00	Total DSEs			0.00	
	¢	0.00		urth Croup	¢	0.00	
ross Receipts Third Group	\$	0.00	Gross Receipts Fou	iiii Gioup	\$	0.00	

	IP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SSECTION GIVE	OIXIII	COMMUNITY/ AREA	0	CODOCNIDEN GNO		COMMUNITY/ AREA
Computati								
of Base Rate I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and	····					<del> </del>		
Syndicate						<b>-</b>		
Exclusivit				•••••••		<b></b>		
Surcharg								
for								
Partially								
Distant								
Stations								
							·	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
		· ·						
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	<b>ase Rate Fee</b> First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	JP	SUBSCRIBER GROU	SEVENTH	SIXTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	ross Receipts Third C

	YSTEM ID# 007417					LE SYSTEM:		CABLE ONE, INC.
	-			TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	VENTIETH	SE		SUBSCRIBER GRO	TY-NINTH	SIX
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		<u> </u>						
Syndicated		<u> </u>						
Exclusivity		<u> </u>	<u>.</u>					
Surcharge								
for		-					<u>-</u>	
Partially Distant	····	<b>-</b>	<b>.</b>					
Stations	<u></u>	<b>-</b>	· ·····				·-	
Glations	<u></u>		······				··	
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	0.00		•	Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	/-SECOND	SEVENT	UP	SUBSCRIBER GRO	TY-FIRST	SEVEN
	SEVENTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0				0		SEVENTY-FIRST	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
		CALL SIGN		CALL SIGN		CALL SIGN		Total DSEs Gross Receipts Third C

							•	
	ID			TE FEES FOR EACH				
9	)P	SUBSCRIBER GROU	r-FUURTH	COMMUNITY/ AREA	<u> 0</u>	SUBSCRIBER GRO	ı Y-IHIKD	SEVEN COMMUNITY/ AREA
Computa  of Base Rate and Syndica Exclusiv Surchar for Partial Distan				COMMONT IT AREA				SOMMONT IT AIRLA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	I SUBSCRIBER GROU	NTY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	NTY-FIFTH	SEVEN
	0		SEVENTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				SEVENTY-FIFTH	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Name	O07417	SY				LE SYSTEM:		CABLE ONE, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computati of Base Rate I and Syndicate Exclusivit Surcharg for Partially	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	Total DSEs							Total DSEs
	0.00	\$	Gross Receipts Second Group		\$ 0.00		roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	ΓY-NINTH	SEVENT
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	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED S COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
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	O.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon  ONE HUNDRED S  COMMUNITY/ AREA  CALL SIGN	0.00  JP  OSE	SUBSCRIBER GROU	DSE	ONE HUNDRED FIF

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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
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		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	BL
_		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWEN		SUBSCRIBER GROUP	NTY-FIRST	ONE HUNDRED TWEN
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	0.00			ONE HUNDRED TWEN			roup	Base Rate Fee First Gr
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUB O TWENTY-FIFTH SUBSCRIBER GROUP  REA  O  COMMUNITY/ AREA
REAO COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSI
0.00 Total DSEs
First Group \$ 0.00 Gross Receipts Second Gro
First Group \$ 0.00 Base Rate Fee Second Group
/ENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIG
REAO COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSI
DOE OF THE OTHER DOES
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0 00 Tatal DSEs
Third Group \$ 0.00 Gross Receipts Fourth Grou
0.00 Gross Receipts Second Gross  0.00 Base Rate Fee Second Gross  ONE HUNDRED TWENTY-EIG  COMMUNITY/ AREA  DSE CALL SIGN DSI  CALL SIGN DSI  Total DSEs

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	LE SYSTEM:				S'	YSTEM ID# 007417	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	I SUBSCRIBER GROUP		Ω
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP	)	ONE HUNDRED THIR	TY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Rate Fee: Add the here and in block			criber group	as shown in the boxes	above.	\$		

	YSTEM ID# 007417	S				_E 3131EW.	R OF CABL	CABLE ONE, INC.
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
0	)	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED THIR	)	SUBSCRIBER GROUF	RTY-THIRD	ONE HUNDRED THIS
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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	ID	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI	UP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
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_	IBER GROUP	SUBSCRI	TE FEES FOR EACH				
	SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY-
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0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	ORTIETH	ONE HUNDRED F	JP	SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED THIRT
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0.00	\$	Group				ТОПР	Croco recoupto rima c

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		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
	)	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FORT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
0 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	)	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
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		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BL	
	ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP					ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP			
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00	Base Rate Fee Second Group \$ 0.00				0.00	\$	oup	Base Rate Fee First Gr	
	ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP					SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-	
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LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	YSTEM ID# 007417	Name	
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP			
ONE HUNDRED FORT	ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP			ONE HUNDRED	JP	0			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>9</b> Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of		
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Total DSEs			0.00	Total DSEs		Ш	0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
ONE HUNDRED FIFT	ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP				ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$			

	YSTEM ID# 007417					_E SYSTEM:		CABLE ONE, INC.	
				TE FEES FOR EACH					
9	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP					ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA  0			
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