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								
	Instructions:								
B Owner	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.								
	"								
				00746220172					
				007462 2017/2					
	210 E. EARLL DRIVE								
	PHOENIX, AZ 85012-2626								
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the husines	es and operation of the syst	em unless these					
С	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:								
	900 STEUBEN STREET 2 (Number, street, rural route, apartment, or suite number)								
	SIOUX CITY, IA 51101								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.		·						
Served	CITY OR TOWN	STATE							
First	SIOUX CITY	IA							
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	A	1					
Campio	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.

-ORM SA3E. PAGE 1b.			• · · · · · · · · · · · · · · · · · · ·							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
CABLE ONE,, INC.			007462							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).										
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
SIOUX CITY	IA	В	3	First						
DAKOTA CITY	NE	Α	1	Community						
DAKOTA COUNTY	NE	A	2							
DAKOTA DUNES	SD	В	3							
NORTH SIOUX CITY	SD	В	3							
SERGEANT BLUFF	IA	В	3	See instructions for						
SOUTH SIOUX CITY	NE	Α	2	additional information						
				on alphabetization.						
				Add rows as necessary.						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE,, INC.

SYSTEM ID#

007462

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			BLOC	BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:							
 Service to first set 	8,646	\$	35.00	BULK RESIDENTIAL	2,497	25.00-43.00	
 Service to additional set(s) 	21,153	ļ					
 FM radio (if separate rate) 		ļ					
Motel, hotel	737	\$	9.00				
Commercial	458	\$	72.00				
Converter							
Residential		<u> </u>					
Non-residential							
					•	+	

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 RATE			CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	10.00-17.00	Motel, hotel			SPANISH TIER	\$ 3.00
 Pay cable—add'l channel 		Commercial			DIGITAL VALUE PAK	\$ 14.00
Fire protection		 Pay cable 			TIER 1	\$ 37.00
Burglar protection		 Pay cable-add'l channel 			DIG CONVERTER	0.00-15.00
Installation: Residential		Fire protection				
First set	30.00-90.00	Burglar protection				
 Additional set(s) 	30.00-60.00	Other services:				
• FM radio (if separate rate)		Reconnect	\$ 90	.00		
Converter		Disconnect				
		Outlet relocation				
		Move to new address	\$ 30	.00		†

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007462 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) KCAU-1 9 N-M No SIOUX CITY, IA **KETV** 20 Ν Yes 0 OMAHA, NE See instructions for additional information KMEG-1 39 N-M No SIOUX CITY, IA on alphabetization. I-M No KMEG-3 39 SIOUX CITY, IA KPTH-1 49 No I-M SIOUX CITY, IA KPTH-2 49 I-M No SIOUX CITY, IA KPTH-3 49 I-M No SIOUX CITY, IA KSIN-1 28 E-M No SIOUX CITY, IA KSIN-2 28 E-M No SIOUX CITY, IA KSIN-3 28 E-M No SIOUX CITY, IA KSXC-LP 5 ı No SOUTH SIOUX CITY, NE **KTIV** 41 N-M No SIOUX CITY, IA KTIV-2 41 I-M No SIOUX CITY, IA KTIV-3 41 I-M No SIOUX CITY, IA **KUSD** 34 E-M No **VERMILLION. SD WOWT** Ν 22 Yes 0 OMAHA, NE

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007462 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 CONT'D 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) KCAU-Simul 9 N-M No SIOUX CITY, IA KMEG-Simul 39 N-M No SIOUX CITY, IA See instructions for additional information KTIV-Simul 41 N-M No SIOUX CITY, IA on alphabetization. No KSIN-Simul 28 E-M SIOUX CITY, IA No **KPTH-Simul** 49 I-M SIOUX CITY, IA KTIV-2-Simul 41 I-M No SIOUX CITY, IA **KUON-1** 12 E-M Yes LINCOLN, NE 0 **KUON-2** LINCOLN, NE 12 E-M Yes 0

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	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
KCAU-1	9	N-M	No		SIOUX CITY, IA
KCAU-SIMUL	9	N-M	No		SIOUX CITY, IA
KMEG-1	39	N-M	No		SIOUX CITY, IA
KMEG-SIMUL	39	N-M	No		SIOUX CITY, IA
KPTH-1	49	I-M	No		SIOUX CITY, IA
KPTH-SIMUL	49	I-M	No		SIOUX CITY, IA
KSIN-1	28	E-M	No		SIOUX CITY, IA
KSIN-2	28	E-M	No		SIOUX CITY, IA
KSIN-3	28	E-M	No		SIOUX CITY, IA
KSXC-LP	5	I	No		SOUTH SIOUX CITY, NE
KTIV	41	N-M	No		SIOUX CITY, IA
KTIV-2	41	I-M	No		SIOUX CITY, IA
KTIV-2-SIMUL	41	I-M	No		SIOUX CITY, IA
KTIV-SIMUL	41	N-M	No		SIOUX CITY, IA
KPTH-2	49	I-M	No		SIOUX CITY, IA
KPTH-3	49	I-M	No		SIOUX CITY, IA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUN	TING PERIOD: 2017/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID	Namo
CABLE ONE,, I	NC.				00746	2
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
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 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 servi	CC rules, regular here in space only on a substand also in spanformation concorm. The station's call associated with a care care of the in each case of the cast, "E" (for nease terms, see pation is outside ice area, see pation is outside in the interval of the interval of the case of the cast, "E" (for nease terms, see pation is outside ice area, see pation is outside interval on the space of the cast of the case of the cast of the case of the ca	ations, or auth G—but do list titute basis. Ince I, if the state erning substit sign. Do not represent the state of the st	orizations: t it in space I (th ation was carried ute basis station eport origination cording to its ow be reported in o as assigned to the annel 4 in Wash ation is a netwo etwork), "N-M" (' educational), o e general instruc- vice area, (i.e. "c general instructi	e Special Statemed both on a substitute, see page (v) on a program service: er-the-air designal column 1 (list each the television statilington, D.C. This lark station, an indefor network multicur "E-M" (for noncoctions located in the distant"), enter "Yesions located in the	s". If not, enter "No". For an ex-	Television
carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	tion on a part-tir sion of a distant t entered into or a primary trans simulcasts, also nree categories e location of ea Canadian statio	me basis becamulticast stren or before Jumitter or an aspect of enter "E". If , see page (v) ch station. Fons, if any, given	ause of lack of a earn that is not s ine 30, 2009, be association repre you carried the of the general in r U.S. stations, e the name of the	ctivated channel of subject to a royalty stween a cable sys- senting the primal channel on any of instructions locate list the community ne community with	payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. It owhich 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	
KTIV-3	41	I-M	No		SIOUX CITY, IA	
KSIN-Simul	28	E-M	No		SIOUX CITY, IA	
						····

FORM SA3E. PAGE 3.						VG 1 ENIOD: 2017/2	
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name	
CABLE ONE,, I					007462		
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	G, identify every eystem during the consistence of 6.61(e)(2) and (6.61(e)(2)	y television st he accounting h June 24, 19 4), or 76.63 (i d in the next lesspect to any ations, or auth G—but do listitute basis. ace I, if the staterning substit	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried tute basis station	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a scarried by your control of the Special Statement the both on a substitute, see page (v) of	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	G Primary Transmitters: Television	
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 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 o							
	0 DIO40T		EL LINE-UP				
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.					Account	NGT EMOD. 2017/2	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
Remary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 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. 1 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), "F							
		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462		
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 76.59(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							
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							
	h station's call	•		. •	s such as HBO, ESPN, etc. Identify tion. For example, report multi-		
WETA-simulcast).			•	`	n stream separately; for example		
	e. For example	e, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel		
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
For the meaning of the	se terms, see	page (v) of the	e general instruc	ctions located in th	mmercial educational multicast). ne paper SA3 form. s". If not, enter "No". For an ex-		
planation of local servi	ce area, see pa	age (v) of the	general instructi	ions located in the			
cable system carried the carried the distant stat	ne distant station ion on a part-ti	on during the a	accounting perions ause of lack of a	od. Indicate by ent	ering "LAC" if your cable system capacity.		
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	payment because it is the subject stem or an association representing		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the FCC. For Mexican or 0	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing	ng multiple chai	•	EL LINE-UP		Granner inte-up.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOWBER	STATION		(II Distant)			
	<u> </u>						
	<u> </u>	<u> </u>					

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462		
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 76.59(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 bas Substitute Basis S	Primary Transmitters: Television						
basis under specifc FC • Do not list the station	relevicion						
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							
each multicast stream	ch station's call associated wit	h a station acc	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi-		
WETA-simulcast).			•	`	n stream separately; for example on for broadcasting over-the-air in		
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	may be different from the channel		
educational station, by	entering the le	etter "N" (for no	etwork), "N-M" (for network multic	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).		
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th			
	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your		
carried the distant stat	ion on a part-ti	me basis beca	ause of lack of a	ctivated channel o	ering "LAC" if your cable system capacity. payment because it is the subject		
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	stem or an association representing by transmitter, enter the designa-		
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the		
	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identifed.		
		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	0. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
		1					

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulat	system during to ions in effect or	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie e carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections	G	
substitute program bas	sis, as explaine	d in the next	paragraph.		and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television	
pasis 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							
· ·	and also in spa	ace I, if the sta			ute basis and also on some other f the general instructions located		
	h station's call	•		. •	s such as HBO, ESPN, etc. Identify tion. For example, report multi-		
WETA-simulcast).			•	`	n stream separately; for example on for broadcasting over-the-air in		
	e. For example	e, WRC is Cha	-		may be different from the channel		
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th	mmercial educational multicast). ne paper SA3 form. s". If not, enter "No". For an ex-		
planation of local servi	ce area, see pa	age (v) of the	general instructi	ions located in the			
cable system carried the carried the distant stat	ne distant statio ion on a part-tir	on during the a	accounting perions ause of lack of a	od. Indicate by ent	ering "LAC" if your cable system capacity.		
of a written agreement	entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	payment because it is the subject stem or an association representing		
tion "E" (exempt). For	simulcasts, also	o enter "E". If	you carried the	channel on any ot	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing	ig multiple char		use a separate		channel line-up.		
	o DIOAOT				a LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
CABLE ONE,, IN	NC.				007462		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
		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.					Account	NG 1 EMOD. 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Nama
CABLE ONE,, I	NC.				007462	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 program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute 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. **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 via control of						
Note: if you are utilizing	ng multiple char			·	cnannei line-up.	
	1	CHANN	EL LINE-UP	Al		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	HOMBER	017(11014		(II Distant)		
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FORM SA3E. PAGE 3. LEGAL NAME OF OW	NER OF CARLE SY	'STEM·			SYSTEM ID#	<u>.</u>			
CABLE ONE,,		O I LIVI.			007462	Namo			
PRIMARY TRANSMIT)N							
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	n 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								
Substitute Basis basis under specifc F Do not list the station station was carried List the station here basis. For further i in the paper SA3 f Column 1: List ea each multicast stream cast stream as "WET WETA-simulcast). Column 2: Give ti its community of licer on which your cable s Column 3: Indicat educational station, b (for independent mult For the meaning of th Column 4: If the s planation of local sen Column 5: If you cable system carried carried the distant sta For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these	Stations: With reconstructions and also in space of only on a substant and also in spaninformation concorn. In associated with A-2". Simulcast some channel numbers. For example system carried that in each case we have entered "Ye that distant station is outside vice area, see pathave entered "Ye the distant station on a part-times of a distant at entered into or a primary transit is simulcasts, also three categories, there categories, and a substant and the categories, also three categories, and also also three categories, also three categories, and also and a primary transit is simulcasts, also three categories, and also and a primary transit is simulcasts, also three categories, and also and a primary transit is a primary transit is simulcasts, also three categories, and also and a primary transit is a primary transit is a primary transit in the categories, also three categories, and also and als	respect to any tions, or auth G—but do listitute basis. ce I, if the staterning substitute basis. Sign. Do not in a station acts at a station acts at a station acts at a station. Whether the station. Whether the station. Whether the station acrommercial basis because (v) of the local sendage (v) of the local sendage (v) of the local sendage in column and uring the local sendage in column the local sendage in column and uring the local sendage in column the local sendage in	distant stations orizations: a tit in space I (the ation was carried tute basis station reported in coording to its own be reported in coording to its assigned to sand assigned to sand as assigned to sand in the coordinate and its own be general instruct of the coordinate of lack of a sam that is not some sociation repression of the general in the coordinate of the general in the general	de Special Statemed do both on a substitute, see page (v) on program service: er-the-air designation column 1 (list each the television station of the television station of the television station of the television, an indefer network multicor "E-M" (for noncontrol located in the television located in the mplete column 5, so the television of television of the television of television of the television of	ent and Program Log)—if the ute basis and also on some other if the general instructions located is 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). in paper SA3 form. is in finot, enter "No". For an ex- expering "LAC" if your cable system	Transmitters: Television			
FCC. For Mexican or Note: If you are utiliz		, ,, ,		,	which the station is identifed. channel line-up.				
-		CHANN	EL LINE-UP	AJ					
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.						VOTENIOD. 2017/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CABLE ONE,, I					007462	
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	G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine stations: With r CC rules, regular here in space only on a subs	y television st he accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c e Special Stateme	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	G Primary Transmitters: Television
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 on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servi Column 5: If you have cable system carried the carried the distant statication of written agreement the cable system and atton "E" (exempt). For explanation of these the Column 6: Give the	formation conc rm. th station's call associated with -2". Simulcast e channel numbles. For example system carried the in each case we rentering the lecast), "E" (for no ese terms, see parties and in soutside ce area, see parties entered "Yone distant station ion on a parties ion on a parties in on a primary trans simulcasts, also aree categories elocation of ea Canadian station	erning substift sign. Do not re a station ace streams must over the FCC he e, WRC is Cha ne station. Whether the stater "N" (for ne concommercial page (v) of the the local servage (v) of the es" in column on during the come multicast state n or before Ju mitter or an ace concerned in the concer	report origination report origination report origination reported in contract as assigned to the reported in contract as assigned to the reported in contract as assigned to the reported in t	ns, see page (v) or program services er-the-air designal column 1 (list each the television stati ington, D.C. This ingt	paper SA3 form. stating the basis on which your sering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing the 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	AK		
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 OWNER OF CABLE SYS	STEM:			SYSTEM ID#	Name		
CABLE ONE,, INC.				007462	Name		
PRIMARY TRANSMITTERS: TELEVISIO	N						
In General: In space G, identify every carried by your cable system during th FCC rules and regulations in effect on 76.59(d)(2) and (4), 76.61(e)(2) and (4)	ne accounting June 24, 19	period, except 81, permitting th	(1) stations carrie	d only on a part-time basis under ain network programs [sections	G Primary		
substitute program basis, as explained Substitute Basis Stations: With re			s carried by your c	able system on a substitute program	Transmitters: Television		
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 substice. List the station here, and also in space basis. For further information concerning the paper SA3 form. 	ce I, if the sta						
Column 1: List each station's call s	•		. •	s such as HBO, ESPN, etc. Identify			
each multicast stream associated with cast stream as "WETA-2". Simulcast s WETA-simulcast).	streams must	be reported in o	column 1 (list each	n stream separately; for example			
Column 2: Give the channel numb its community of license. For example on which your cable system carried the	, WRC is Cha e station.	annel 4 in Wash	ington, D.C. This	may be different from the channel			
educational station, by entering the let (for independent multicast), "E" (for no	tter "N" (for n	etwork), "N-M" (for network multic				
For the meaning of these terms, see p Column 4: If the station is outside planation of local service area, see pa	page (v) of the	e general instruction	ctions located in the	ne paper SA3 form. s". If not, enter "No". For an ex-			
Column 5: If you have entered "Ye cable system carried the distant station	es" in column n during the	4, you must cor accounting perion	mplete column 5, s od. Indicate by ent	stating the basis on which your ering "LAC" if your cable system			
carried the distant station on a part-tim For the retransmission of a distant of a written agreement entered into on	multicast stre or before Ju	eam that is not s ine 30, 2009, be	ubject to a royalty tween a cable sys	payment because it is the subject stem or an association representing			
the cable system and a primary transmation "E" (exempt). For simulcasts, also explanation of these three categories,	enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further			
	ch station. Fo	or U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.			
		EL LINE-UP					
1. CALL 2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462	Name	
PRIMARY TRANSMITTE	RS: 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 76.659(d)2) and (4), 76.616(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), "" (for independent), "I-M" (for							
		CHANN	EL LINE-UP	AM			
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 OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	reprint the first 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 spa formation cond	ace I, if the sta			ute basis and also on some other f the general instructions located		
Column 1: List each each multicast stream	ch station's call associated with	h a station ac	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi- o stream separately; for example		
Column 2: Give the its community of licens on which your cable sy	se. For example ystem carried th	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial		
educational station, by (for independent multion For the meaning of the	entering the lecast), "E" (for neese terms, see	etter "N" (for no oncommercia page (v) of the	etwork), "N-M" (I educational), o e general instruc	for network multicates for "E-M" (for noncoctions located in the	ast), "I" (for independent), "I-M" mmercial educational multicast).		
planation of local servi Column 5: If you have cable system carried to	ce area, see pa ave entered "Y he distant statio	age (v) of the es" in column on during the	general instructi 4, you must cor accounting perio	ions located in the mplete column 5, s od. Indicate by ent	paper SA3 form. stating the basis on which your ering "LAC" if your cable system		
of a written agreement	ion of a distant entered into o	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	ubject to a royalty tween a cable sys	payment because it is the subject stem or an association representing y transmitter, enter the designa-		
explanation of these the Column 6: Give the	ree categories e location of ea	, see page (v) ch station. Fo	of the general in U.S. stations,	nstructions locate list the community	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the		
Note: If you are utilizing		, ,, ,		,	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AN			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL		(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462	Name	
PRIMARY TRANSMITTE	RS: 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 76.659(d)2) and (4), 76.616(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), "" (for independent), "I-M" (for							
		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.					ACCOUNT	NG PERIOD: 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE,, I	NC.				007462	
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,	G, identify every system during the lons in effect or 6.61(e)(2) and (sis, as explaine stations: With I CC rules, regula- here in space only on a subs- and also in spa	y television st he accounting in June 24, 194, or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis.	g period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations: t it in space I (the ation was carried	(1) stations carrie the carriage of certain (e)(2) and (4))]; as carried by your case Special Statement both on a substit		G Primary Transmitters: Television
 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 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 ag						
Note: If you are utilizing		nnel line-ups,		space G for each	which the station is identifed. channel line-up.	
4 0011	a Picact				C 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	

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

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
CABLE ONE,, I	NC.				007462	Name	
PRIMARY TRANSMITTE	RS: 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), 76.616(e)(2) and (4), 76.63 (refering 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 specif. 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 independ							
		CHANN	EL LINE-UP	AQ			
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	IER OF CABLE SY	/STEM:			SYSTEM ID#	N	
CABLE ONE,, I	NC.				007462	Name	
PRIMARY TRANSMITTE	RS: 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 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) or "E-M" (for noncommercial educational). For the							
		CHANN	EL LINE-UP	AR			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOGATION OF STATION		
	NUMBER	STATION	` '	(If Distant)			
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FORM SA3E. PAGE 3	3. WNER OF CABLE SY	OTEM:			SYSTEM ID#	
CABLE ONE,		STEIVI.			007462	Name
PRIMARY TRANSMIT		DN .				
reaction of the search and sequence of the search and sequence of the search and sequence of the search and se	e G, identify every e system during the lations in effect or 76.61(e)(2) and (basis, as explaine is Stations: With record of the system during the lation here in space ed only on a subsider, and also in spar information concident. The concept of the lation is call an associated with TA-2". Simulcast the channel numberse. For example experience the lation is outside envice area, see participation of a distant ent entered into on a part-time in south of a primary transion simulcasts, also entered categories, the location of each canadian station canadian station of canadian station	r television standard accounting and June 24, 194, or 76.63 (rd d in the next perspect to any titions, or auth G—but do list titute basis. In the standard account of the station account of the station account of the station. In the station account of the station. In the local service (v) of the station of the local service (v) of the local serv	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: a tit in space I (the stition was carried ute basis station coording to its own be reported in the station is a network), "N-M" (I educational), control of the general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, or lack of a stam that is not some 30, 2009, be specially or the general instructive area, or lack of a stam that is not some 30, 2009, be specially or U.S. stations, ethe name of the	in (1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of the Special Statement of the Special Spe	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y 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. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	ΔS	·	
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	
					ļ	

FORM SA3E. PAGE 3.					Accookii	14G 1 EMOD. 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE,, I	NC.				007462	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C 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 its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify even dystem during the long in effect or is, as explaine stations: With a CC rules, regular here in space only on a substand also in spatformation concern. In station's call associated with example stem carried the in each case we entering the least), "E" (for not example is terms, see pation is outside ce area, see pation on a part-ting ion of a distant entered into on a primary transisting in each casts, also a primary transisting in each case, also a primary transisting in each categories e location of each canadian station can a part-ting ion of a distant entered into on a primary transisting in each categories e location of each canadian station can a part-ting ion of a distant entered into on a primary transisting in each categories e location of each canadian station in effect of the categories e location of each canadian station in each categories e location of each categories explains in effect of the categories explains the categories explains in each categories explains i	y television structure accounting in June 24, 194, or 76.63 (in d in the next respect to any ations, or auth G—but do listitute basis. In the state of the station acceptable of the station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station. In the station whether the station. In the local service of the station of the local service of the station of the local service of the station of the local service of the station. In the station of the station of the station of the station. It is see page (v) of the see page (v) of the station. For the station of the station. For the station of the stat	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: It it in space I (the referring to station was carried that basis station report origination cording to its own be reported in containing the reported in the report in the reported in the reported in the reported in the reported	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program services the television statification, D.C. This work station, an indefor network multicar "E-M" (for noncontext of the television statification of the special properties of the station of the special properties of	es". If not, enter "No". For an expaper SA3 form. It stating the basis on which your ering "LAC" if your cable system capacity. It payment because it is the subject stem or an association representing y transmitter, enter the designation in the paper SA3 form. It to which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
		CHANN	EL LINE-UP	AT		
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.					ACCOUNT	NG PERIOD: 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE,, I	NC.				007462	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the country of the cou	he accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.60 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
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						
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on which your cable sy Column 3: Indicate	stem carried the in each case v	ne station. vhether the st	ation is a netwo	rk station, an inde	may be different from the channel	
(for independent multic For the meaning of the Column 4: If the st	cast), "E" (for no ese terms, see ation is outside	oncommercial page (v) of the the local serv	l educational), o e general instruc vice area, (i.e. "d	r "E-M" (for nonco ctions located in th distant"), enter "Ye	s". If not, enter "No". For an ex-	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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						
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea	o enter "E". If , see page (v) ch station. Fo	you carried the or of the general in U.S. stations, I	channel on any ot instructions locate list the community	ry transmitter, enter the designa- her 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.	
Note: If you are utilizing	ng multiple char		use a separate	•	channel line-up.	
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	
	HOMBER	Circion		(ii Biotant)		
						

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CABLE ONE,, I	NC.				007462	Nume
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during to ions in effect or	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary
substitute program bas Substitute Basis S			• •	s carried by your c	able system on a substitute program	Transmitters: Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
· ·	and also in spa formation cond	ace I, if the sta			tute basis and also on some other f the general instructions located	
Column 1: List eac	ch station's call	•		. •	s such as HBO, ESPN, etc. Identify	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	tion. For example, report multi- n stream separately; for example	
its community of licens on which your cable sy	se. For example stem carried the	e, WRC is Cha ne station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ependent station, or a noncommercial ast), "I" (for independent), "I-M" ammercial educational multicast).	
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local serv	e general instruction	ctions located in the	ne paper SA3 form. es". If not, enter "No". For an ex-	
	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ctivated channel	,	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the primar	stem or an association representing ry transmitter, enter the designa-	
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	ther basis, enter "O." For a further d in the paper SA3 form.	
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ig multiple char		EL LINE-UP		channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOMBER	OTATION		(II Distant)		
	1			1		

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CARLE SY	STEM:			SYSTEM ID#	
CABLE ONE,, I		STEIVI.			007462	Name
PRIMARY TRANSMITTE)N				
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program base	G, identify every system during the ions in effect or 3.61(e)(2) and (- sis, as explaine	television state accounting June 24, 194), or 76.63 (rd in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
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 its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and at tion "E" (exempt). For explanation of these th Column 6: Give the	Stations: With react rules, regular here in space only on a substand also in spate formation concern. The station's call associated with a-2". Simulcast see channel numbers. For example system carried the in each case vere entering the least), "E" (for not esse terms, see particular in soutside ce area, see particular in each case where entered "Ye in edistant static ion on a part-tiricion of a distant is entered into or a primary transis simulcasts, also aree categories, elocation of each	espect to any tions, or auth G—but do listitute basis. ce I, if the staterning substitute sign. Do not reast a station acceptation of the station acceptation of the station. The station acceptation of the station. The station acceptation of the local services (v) of the local s	distant stations orizations: a tit in space I (the ation was carried tute basis station reported in the report	de Special Statemed do both on a substitute, see page (v) on program service: er-the-air designat column 1 (list each the television statington, D.C. This bork station, an indefor network multicor "E-M" (for noncotions located in the interest of the television statington, D.C. This bork station, an indefor network multicor "E-M" (for noncotions located in the interest occurs located in the interest occurs of the interest of th	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your pering "LAC" if your cable system	Television
Note: If you are utilizing	ig multiple char	inel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AW		
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	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007462 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	PERIOD: 2017/2	
LEGAL NAME OF OWNER OF CABLE ONE,, INC.	CABLE SYST	EM:				SYSTEM ID# 007462	Name	
SUBSTITUTE CARRIAGI							ı	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo								
Note: If your answer is "No log in block 2.	", leave the		ge blank. If your answer is '	'Yes," you mu			Program Log	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad addeast stationation and day we "5/7." es when the Example: a er "R" if the and regulation or gramming	am on a separa attach additionannetwork televion and that your authorization the use general of the additional that your authorization that your and the additional that your and the additional that your shall be added to the additional that your systems are substitute program carrillisted program ons in effect du	al pages. ision program (substitute pour cable system substitute so some see page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progreral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:20 mming that yo; enter the lett	during the accouramming of anoth in sociated in the List specific professed by the FCC tiffied). numerals, with the List the times ac 8:30 p.m. should pur system was reer "P" if the listed	unting her station paper gram or, in he month ccurately be required d pro		
S	SUBSTITUT	E PROGRAM	1		N SUBSTITUTE	ED 7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES	ION		
					_			
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					_			
								
		l						

ACCOUNTING PERIOD: 2017/2 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CABLE ONE,, INC. 007462 PART-TIME CARRIAGE LOG J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED

0411 01011	VVI ILIV	CARRIAGE OCCU	INNLD	OALL GLON	VVI I∟I`	I CARRIAGE OCCU	אווועבט
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		HOUF	3			HOU	3
	DATE				DATE	FDOM	
	DATE	FROM	TO		DATE	FROM	TO
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LEGA	AL NAME OF OWNER OF CABLE SYSTEM: BLE ONE,, INC.			SYSTEM ID# 007462	Name		
GRe Inst all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seccidentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ondary tra compute t	ansmiss this amo	the total of ion service bunt, see	K Gross Receipts		
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
bloc ► If pa 3 be ► If pa	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should book 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be below. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be block 4 below.	entered c	on line 2	in block			
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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule.	nn 4, you od?	ı must c	heck			
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_\$	\$	639.80			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_		0.00			
	Line 3. Add lines 1 and 2 and enter here	\$		639.80			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	_ _	\$	26,638.76	Cable systems submitting additional deposits under Section 111(d)(7)		
	(Interest Worksheet)	_	\$	725.00	should contact the Licensing additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ See page	e (i) of th	27,363.76	appropriate form for submitting the additional fees.		
	general instructions located in the paper SA3 form for more information.)						

Name	LEGAL NAME OF OWNER		YSTEM:	SYSTEM ID#
Name	CABLE ONE,, INC) .		007462
M Channels	to its subscribers an	nd (2) the	(1) the number of channels on which the cable system carried television broadcas cable system's total number of activated channels, during the accounting period.	t stations
			hannels on which the cable padcast stations	25
	system camed tele	EVISIOII DI	paucasi stations	
	2. Enter the total nu	mber of a	ctivated channels	
		-	carried television broadcast stations	290
	and nonbroadcast	services		
N Individual to Be Contacted	INDIVIDUAL TO BE we can contact about		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.)	
for Further	Name EMERS	SON YE	ARWOOD Telephone	6602-364-6195
Information				
	Address 210 E. (Number, si	EARLL treet, rural r	DRIVE oute, apartment, or suite number)	
			85012-2626	
	(City, town,			
	Email	emers	on.yearwood@cableone.biz Fax (optional) 602-364-	6013
	CERTIFICATION (Th	is statem	ent of account must be certifed and signed in accordance with Copyright Office re	gulations.
0	- (
Certifcation	• I, the undersigned, h	hereby ce	tify that (Check one, but only one, of the boxes.)	
	(Owner other tha	n cornor	ution or partnership) I am the owner of the cable system as identifed in line 1 of space	e B: or
	(Owner other tha	iii corpon	table of particleship) can be owner or the cable system as identified in line consistence	C D, OI
			n corporation or partnership) I am the duly authorized agent of the owner of the cabl	le system as identified
	in line 1 of spa	ace B and	that the owner is not a corporation or partnership; or	
	(Officer or partn in line 1 of spa	-	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	owner of the cable system
		nd correct	it of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith.	ned herein
		X	/s/ Raymond Storck	
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu	
		Typed	or printed name: RAYMOND STORCK	
		T:41	WICE DESIDENT	
		Title:	VICE PRESIDENT (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.	007462	
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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.	e basic nclude sub- on 119." s in the	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	smissions	
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 or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	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	- 0274	
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 www.copyright.gov/licensing/interest-rate.pdf . For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	t charge) nce 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 Copyright Off please list below the owner, address, first community served, accounting period, and ID number as given in the 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 ε 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

		φο,σο 1.σσ			
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						
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S'	YSTEM ID#
	CABLE ONE,, INC.					007462
	SUM OF DSEs OF CATEGOR	RY "O" STATION	IS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of this	s schedule.		1.00	
	Instructions:					1
2	In the column headed "Call	Sign": list the cal	I signs of all distant stations	identified by t	he letter "O" in column 5	
	of space G (page 3).					
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, given	ve the DSE as ".2				
Category "O"			CATEGORY "O" STATION		T	
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KETV	0.250				
	WOWT	0.250				
	KUON-1	0.250				
	KUON-2	0.250				
Add rows as		<u> </u>				<u></u>
necessary.						
Remember to copy all formula into new						
rows.						
						
						<u> </u>
						
						<u> </u>
						
						ł
						
						
I	I	<u></u>]		<u> </u>		

Name	CABLE ONE	OWNER OF CABLE SYSTEM:					S	007462
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give t correspond with the infor 3: For each station, give t 4: Divide the figure in colu 5: For each independent value as ".25." 6: Multiply the figure in co- point. This is the station's	the number of hou mation given in so the total number of umn 2 by the figur mal point. This is station, give the "	urs your cable syste pace J. Calculate or of hours that the state in column 3, and the "basis of carriag type-value" as "1.0." ure in column 5, and ure in column 5, and	m carried the stating one DSE for eaction broadcast overgive the result in common terms of the statement of	on during the accounting ach station. If the air during the accounting the air during the accounting the accounting the accounting the accounting the air during the accounting the accou	unting period. is figure must cational station,	
Capacity		(CATEGORY L	AC STATIONS:	COMPUTATION	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER 3. JRS ED BY M	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE VALUE		
						x		
						x		
						x x		
						x		
			÷	:	=	x	=	
			÷ ÷		= 	x x	<u>-</u>	
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		dule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to Broadcast of space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each stand by your system in substant on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should corresenter the number of days Divide the figure in column This is the station's DSE	itution for a program shown by the ork programs during the number of live, respond with the interest in the calendar on 2 by the figure	ram that your systen letter "P" in column ing that optional carr nonnetwork program formation in space I. year: 365, except in in column 3, and gir	n was permitted to 7 of space I); and iage (as shown by the s carried in substitute a leap year.	delete under FCC rules the word "Yes" in column 2 itution for programs that lumn 4. Round to no less	of of were deleted	rm).
		SU	BSTITUTE-BA	ASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4	-	=		÷		=
			-	=		÷		
		-	-	=		÷		=
		4	-	=		÷		=
		=	<u> </u>	=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		dule,		0.00		
5		ER OF DSEs: Give the am s applicable to your syster		xes in parts 2, 3, and	4 of this schedule	and add them to provide	the tota	
Total Number	1. Number o	f DSEs from part 2●			>	•	1.00	
of DSEs	2. Number o	f DSEs from part 3 ●			:	•	0.00	
	3. Number o	f DSEs from part 4 ●			>	•	0.00	
	TOTAL NUMBE	R OF DSEs						1.00

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

CABLE ONE,		SYSTEM:					S	YSTEM ID# 007462	Name
Instructions: Bloc		nleted							
In block A:		•	aut C aud naut	7 of the DCC cohe	مادرام المصاد مد	- d	ort 0 (none 16) of	: 4h a	6
 If your answer if schedule. 				7 of the DSE sche	edule blank ar	ia compiete pa	art 8, (page 16) oi	ine	U
If your answer if	"No," complete blo			TELEVISION M.	ARKETS				Computation of
Is the cable syster	m located wholly o					ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,		aabadula D	O NOT COM		AINDED OF F	DADT CAND 7	,		
	plete part 8 of the lete blocks B and		O NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
A No comp	nete blocks b and								
0-1 4-	1			IAGE OF PERI					
Column 1: CALL SIGN	under FCC rules	and regulations Body B	ons prior to Judule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	iles and regul	ations cited b	asis on which you o elow pertain to tho arket quota rules [7	se in effect or	n June 24, 198		ı tc	
	C Noncommeric	al educationa d station (76.6	ıl station [76.5 65) (see paraç	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referring	g to 76.61(d)			
	•	viously carrie JHF station w	d on a part-tir ithin grade-B	ne or substitute ba contour, [76.59(d)(•		ferring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	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	
KETV		0.25							
WOWT		0.25					<u> </u>		
KUON-1		0.25					-		
KUON-2		0.25					-		
								<u> </u>	
								1.00	
		В	LOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			<u>, </u>		
Line 2: Enter the	sum of permitte	d DSEs fron	n block B ab	ove			·		
Line 3: Subtract (If zero, l				r of DSEs subject 7 of this schedu		rate.	,		
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	ım here				. x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3				,		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter here	e and on line	2, block 3, spac	e L (page 7)			0.00	

ABLE ONE	,, INC.							YSTEM ID# 007462	Name
		BLOCK	A: TELEVIS	ION MARKET	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
		•						••••••	
								•••••	
		•						••••••	
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		••••••						•••••	
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			1		Γ		[1

Name	CABLE ONE,, I		SYSTEM:						S	007462
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compan in block	or to June 25, call sign for ea the DSE for the accounting the basis of call call call call call call call cal	1981, under forme ich distant station his station for a sing period and year arriage on which the regulations cited by mming: Carriage, of (1), or 76.63 (refectarriage under FC certain FCC rules, in the paper SA3 of SE for the curren ures listed in column for part 6 for this state un give in columns	er FCC rules govidentifed by the gle accounting in which the car he station was of elow pertain to a part-time borring to 76.61(e) C rules, section regulations, or form. t accounting per and 5 and attion. 2, 3, and 4 musting the gle and 5	verrilett per rriag carr thosasis)(1) s 7 aut riod	entifed by the letter "F" ning part-time and sub ter "F" in column 2 of priod, occurring between ge and DSE occurred ge and DSE occurred se in effect on June 24 s, of specialty program)). 6.59(d)(3), 76.61(e)(3) thorizations. For further d as computed in parts the smaller of the two see accurate and is subjection.	stitute carripart 6 of the n January 1 (e.g., 1981, e following 4, 1981, aming unde n, or 76.63 (er explanation 2, 3, and 4 of figures he	age. DSE schedule 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedule re. This figure	ene 30, 1 ections vi) of the ale should b	981 pe enterei
		PERMITTI	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
									•••••	
									••••••	
7 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										
Surcharge	Is any portion of the or	cable system w	rithin a top 100 maj	or television mar	rket	as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	C .			X 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
				<u>.</u>						
		_						-		
		·····								
				<u> </u>						
			••••••	-						
			TOTAL DSEs	0.00			-	TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC.	SYSTEM ID# 007462	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,503,643.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. 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 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here F. Multiply line D by line E and enter here	_	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	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:	YSTEM ID#
Name	(CABLE ONE,, INC.	007462
7 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.	
8 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. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir 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?	
	_	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 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).	-
		Base Rate Fee	0.00

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

	AME OF OWNER OF CABLE SYSTEM: LE ONE,, INC.	SYSTEM ID# 007462	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 (the amount in section 1) **State		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) **The content of the content of th		Computation of
	C. Multiply line B by 3.000 and enter here		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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	ast signals shall	
Space	G.		9
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to 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 Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
NOTE: 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 becable system is wholly located outside all major television markets, complete block A only.		for 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 state to that community.	ition you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	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 the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	stem's subscriber	
-	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 albers in the group.	ll of the	
• If: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it	in parts 2, 3,	
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l 6 of this schedule.	olock B,	
•	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	
• Comp page. I DSEs f	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 protection of that group's complement of stations and total gross receipts from the subscribers in that group). You do not necesticulations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007462 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.

LEGAL NAME OF OWNE CABLE ONE,, INC		E SYSTEM:				S	3YSTEM ID# 007462	Name
В				TE FEES FOR EAC			LID	
00144		SUBSCRIBER GRO	UP	0010000		SUBSCRIBER GRO		9
COMMUNITY/ AREA	Dakota			COMMUNITY/ ARE/	4 50. 5100	x City/Dakota Co	ounty	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KUON-1	0.25	0.1220.0		KETV	0.25			Base Rate Fe
KUON-2	0.25							and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
				.				
	.	-						
	<mark>-</mark>							
								
	.				····		·····	
Total DCCs	<u> </u>		0.50	Total DCFa			0.25	
Total DSEs			0.50	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 39	9,888.00	Gross Receipts Sec	ond Group	\$ 1	60,752.00	
Base Rate Fee First G	roup	\$	212.20	Base Rate Fee Second	ond Group	\$	427.60	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sioux C	ity/Sergeant/No	. Sioux C	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				.				
			······································					
	·····			-				
					•••••		•••••	

	<mark>.</mark>							
Total DSEs			0.00	Total DSEs			0.00	
	Proup	e 2.30°	3,003.00		th Group	<u> </u>	0.00	
Gross Receipts Third C	лоир	2,30	2,003.00	Gross Receipts Foul	ui Gioup	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$	639.80	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA
COMMUNITY/ AREA O COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE A CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Base Base Sur Pri D St Total DSEs O .000 Total DSEs O .000 Total DSEs D .000
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
Syr Exc Sull Property of the Control
Syr Exc Sul
Total DSEs
Total DSEs
Total DSEs
Total DSEs
Total DSEs
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
Total DSEs 0.00 Total DSEs 0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	IP	
COMMUNITY/ ARE			0	COMMUNITY/ ARE		. CODOCITIBLIT ONO	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
	·····				····			Syndicated Exclusivity
					·····			Surcharge
								for
								Partially Distant
	·····		·		·····			Stations
					·····			
	·····		•		····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
			<u>-</u>		<u>.</u>			
	·····		•		····			
	<u> </u>				<u>.</u>	-		
	·····		·		·····			
					·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	s above.	\$		
	,	(3-,)				•		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462							Name	
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		TI .		SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	٠		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u> </u>		····		<u></u>	Syndicated Exclusivity
			-					Surcharge
								for
								Partially
		-			·····			Distant Stations
						•		Stations
					····		<u></u>	
Total DSEs	<u> </u>	!	0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
						<u>*</u>		
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		III		SUBSCRIBER GRO	_	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	4		0	
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 Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				П				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		
		· · ·						

LEGAL NAME OF OWI		LE SYSTEM:				S	YSTEM ID# 007462	Name
				TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		Ħ		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
		-						for
								Partially
								Distant
								Stations
		H		1				
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	
N	IINTEENTH	SUBSCRIBER GRO	OUP		TWENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-			<u> </u>	
		H		1				
		-					•	
	·····		····					
	·····		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
2.300	. J. 550p				G. 5up			
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	es above.	\$		

CABLE ONE,, IN		E SYSTEM:				S	YSTEM ID# 007462	Name
				ATE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA	Y-SECONL	SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	BOL	OALL GIGIT	DOL	Office Office	DOL	O'ALL GIGIT	DOL	Base Rate Fee
								and
	<u></u>	-						Syndicated
	····							Exclusivity Surcharge
								for
								Partially
								Distant Stations
	····				. 			Otations
								
	····				. 			
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	
TWE	NTY-THIRD	SUBSCRIBER GROU	JP	TWENT	Y-FOURTH	I SUBSCRIBER GROU	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	l Group	c	0.00	Gross Receipts Fourth	Group	\$	0.00	
Gross Necelbis Hilla	отоир	\$	3.00	Orosa Necelpia Fourti	, Oroup	Ψ	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	n 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# 007462								Name
				ATE FEES FOR EACH				
	ITY-FIFTH	SUBSCRIBER GROU		III		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
								Syndicated Exclusivity
	···							Surcharge
								for
								Partially
					<u></u>			Distant Stations
					····			
					···			
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		III		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	···				···			
	···				···			
								I
	···				····			I
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 to			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI		LE SYSTEM:				S	YSTEM ID# 007462	Name
				TE 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
		ļ						Base Rate Fe
								and
								Syndicated Exclusivity
			····				<u> </u>	Surcharge
								for
								Partially
	·····							Distant Stations
	····	-	···					Otations
	·····							
Total DSEs		<u> </u>	0.00	Total DSEs		+	0.00	
	Croup	<u> </u>			and Craun	•	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	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			····					
	·····		····	·				
	·····	-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts 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	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								Name
				TE FEES FOR EACH				
	RTY-THIRD	SUBSCRIBER GROU		III		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
								and
	<u></u>							Syndicated Exclusivity
	<u></u>							Surcharge
								for
								Partially
		-						Distant Stations
	<u></u>							Stations
Total DSEs	<u> </u>		0.00	Total DSEs	-	<u> </u>	0.00	
Gross Receipts First 0	Froun	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Groot recorpts rivers	Sioup			Cross resolpte essen	па Стоар			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	RTY-FIFTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
								
	···				···			
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
	_							
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	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# 007462							Name	
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		i 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
								and
			<mark>.</mark>					Syndicated
			 		·····			Exclusivity Surcharge
			······					for
								Partially
								Distant
			<u>.</u>					Stations
	···		<u>.</u>		·····			
			<u>-</u>		····			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٠		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
			 		·····			
			······					
		-						
			<u>.</u>					
	···		<mark>.</mark>		····			
			<u>-</u>		····			
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
2.300 Noccipio mila	C.00p	· ·		Cross rescripts rour	0.0up	<u>*</u>	3.55	
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 CABLE ONE,, INC.	R OF CABL	E SYSTEM:				SY	STEM ID# 007462	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUP	D	•
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 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	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		ii .	/-FOURTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	5	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.	\$		

LEGAL NAME OF OWN CABLE ONE,, INC		LE SYSTEM:				S	YSTEM ID# 007462	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		TT .		SUBSCRIBER GRO		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
	•••••••••••••••••••••••••••••••••••••••		<u></u>					for
								Partially
								Distant
			<u></u>					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	
FORTY	-SEVENTH	SUBSCRIBER GRO	UP	FO	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
	····						····	
	<mark></mark>		<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	
ccc . toodipto Tilliu	2.0 0 p	·			Стоир	*		
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 OWNE	EGAL NAME OF OWNER OF CABLE SYSTEM: ABLE ONE,, INC. SYSTEM ID# 007462							
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	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
						-		Stations
			•					
						<u> </u>		
Total DSEs	-		0.00	Total DSEs	•	•	0.00	
Gross Receipts First G	roup	\$	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	
FIF	TY-FIRST	SUBSCRIBER GRO	UP	FIF.	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			-		····			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	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# 007462							Name	
				ATE FEES FOR EAC				
F COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA				COMMUNITY AREA	······································			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-	<u></u>		<u>.</u>			and Syndicated
	•••••		<u> </u>		····			Exclusivity
								Surcharge
			<u></u>		<u>.</u>			for
			<u> </u>		·····	.		Partially Distant
		-						Stations
			<u> </u>					
			<u> </u>					
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
F	IFTY-FIFTH	SUBSCRIBER GRO	UP	F	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u> </u>					
			. 					
			<u>-</u>					
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add	I the base rat	te fees for each subs	criber groun	as shown in the boxes	s above.			
Enter here and in blo			5 -1			\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
				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	
								and	
								Syndicated Exclusivity	
	···							Surcharge	
								for	
								Partially	
	<u></u>							Distant Stations	
	<u></u>							Stations	
								I	
									
Total DSEs		!	0.00	Total DSEs		!!	0.00		
	Gross Receipts First Group \$ 0.00			Gross Receipts Seco	and Group	\$	0.00		
Gross recorpts i not e	эгоир		0.00	Cross receipts econ	па стоар	<u>*</u>	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
	TY-NINTH	SUBSCRIBER GROU		-		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>								
	···								
		-							
								I	
	<u></u>								
	···				····				
	<u></u>							I	
					····				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00		
	1	i.	3.54		- -r	<u>L</u> *			
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# 007462								
				ATE FEES FOR EACH				
S COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	SIXT COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA	·············		U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and 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 Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SI	IXTY-THIRD	SUBSCRIBER GROU	JP	SIXT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	A		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	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Raco Poto Foo: ۸-4-4	the base ref	o foos for each subs	rihar ara	as shown in the boxes	ahovo			
Enter here and in blo			ander group	, as shown in the bukes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		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>			<u> </u>		Partially Distant
		_						Stations
			<u></u>					
						-	····	
						<u> </u>	<u></u>	
Total DSEs		I I	0.00	Total DSEs		<u> </u>	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	
SIXTY COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	SIZ COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	
				COMMONT 1774 (E)				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-	<u></u>	
						-		
						-		
						-	<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 Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
				ATE FEES FOR EACH				
		SUBSCRIBER GROU	JP 0	Ti .		SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>				<u></u>			and Syndicated
								Exclusivity
								Surcharge
	<u></u>							for
					<u></u>			Partially Distant
								Stations
		-						
	····							
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	
SEVE	NTY-FIRST	SUBSCRIBER GROU	JP	SEVENT	Y-SECONE	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			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	Gross Receipts Fourt	h Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
			riber group	as shown in the boxes	above.			
Enter here and in blo	ck 3, line 1, s	space L (page 7)				\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
				ATE FEES FOR EACH					
	ITY-THIRD	SUBSCRIBER GROU		11		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	
								Syndicated Exclusivity	
	···							Surcharge	
								for	
		-						Partially	
	<u></u>				 			Distant Stations	
								Stations	
									
Total DSEs	<u> </u>		0.00	Total DSEs		¥!	0.00		
	Gross Receipts First Group \$ 0.00			Gross Receipts Secon	nd Group	\$	0.00		
Gross recorpts i not e	лоцр			Cross receipts occor	на Огоар	*	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	NTY-FIFTH	SUBSCRIBER GROU		II		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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		-							
		-							
	<u></u>				<u></u>			I	
					···				
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		
		ļ			r	<u> </u>			
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# 007462								
				TE FEES FOR EACH					
		SUBSCRIBER GROU		TI .	TY-EIGHTH	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	
		-						and	
	····				. 			Syndicated Exclusivity	
								Surcharge	
					<u> </u>			for	
	<u></u>				<u></u>			Partially Distant	
					<u></u>			Stations	
					<u> </u>				
	<mark></mark>	-			<u></u>				
					<u> </u>				
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	•	\$	0.00	Base Rate Fee Secon		\$	0.00		
		SUBSCRIBER GROU		II	EIGHTIETH	I SUBSCRIBER GROU			
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>				
					<u></u>				
	····				<u></u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n 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# 007462								
				ATE FEES FOR EACH					
COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	EIGHT COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9	
COMMUNITY AREA				COMMUNITY AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
	·····		<u>.</u>		<u></u>			and Syndicated	
					<u></u>			Exclusivity	
								Surcharge	
								for Partially	
			·					Distant	
								Stations	
			<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		
EIG	HTY-THIRD	SUBSCRIBER GRO	UP	EIGHT	Y-FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-	<u> </u>		<u></u>				
			-						
			<u> </u>		<u></u>				
			<u>.</u>		<u></u>				
			<u>.</u>						
					<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.	\$			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
				ATE FEES FOR EACH					
		SUBSCRIBER GROU		11		1 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	
								Syndicated Exclusivity	
								Surcharge	
		-						for	
	<u></u>							Partially	
	····							Distant Stations	
		-						0.0	
		<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 Second	nd Group	\$	0.00		
EIGHTY	'-SEVENTH	SUBSCRIBER GROU	JP	EIGH	TY-EIGHTH	I SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
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 Fourt	h Group	\$	0.00		
The state of the s		·		I I I I I I I I I I I I I I I I I I I	P	<u>*</u>			
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# 007462								
				ATE FEES FOR EACH					
EIG COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	9	
COMMUNITY AREA	·············		U	COMMUNITY/ AREA				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	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
		SUBSCRIBER GROU		III		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
					 				
Total DSEs			0.00	Total DSEs		I	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	o as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
				ATE FEES FOR EACH				
		SUBSCRIBER GRO	JP 0	NINET COMMUNITY/ AREA	Y-FOURTH	I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			U	COMMUNITY AREA			U	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 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	
NIN	IETY-FIFTH	SUBSCRIBER GRO	JP	NIN	ETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
					. 			
		-						
	····				. 			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	•	0.00	Gross Receipts Fourth	Group	\$	0.00	
Cross Receipts Tillu	отоир	\$	3.00	Si oso receipta i ouiti	. Oroup	*	<u> </u>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	n 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# 007462								
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		TI .		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
	<mark></mark>							and
	····							Syndicated Exclusivity
					···			Surcharge
								for
								Partially
		-						Distant Stations
								Stations
		-						
					<u></u>			
Total DSEs			0.00	Total DSEs		11	0.00	
	Gross Receipts First Group \$ 0.00			Gross Receipts Secon	nd Group	\$	0.00	
Gross Receipts First	Gloup	.*	0.00	Gloss Receipts Secon	na Group	-	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	ETY-NINTH	SUBSCRIBER GROU	JP	III		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>	
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 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# 007462								
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	IID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
					<u>.</u>			Surcharge
	<u> </u>		<u>.</u>		<u>.</u>			for
		-	<u>.</u>		····	-		Partially Distant
								Stations
		-						
			<u> </u>					
T D			0.00				0.00	
Total DSEs		•	0.00	Total DSEs	and Craus		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ona 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	JP	ONE HUNDR	ED FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u>.</u>					
	<u></u>		<u>.</u>					
	<u> </u>	-	<u>-</u>			-		
	<mark></mark>						<u></u>	
								
	<u></u>							
			·······					
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	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 boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	RED FIFTH	SUBSCRIBER GRO		Ħ		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
		-	<u></u>					Syndicated
	···		<u> </u>				<u> </u>	Exclusivity Surcharge
			<u>-</u>					for
								Partially
								Distant
		-	<u></u>					Stations
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	···				·····			l
								l
								l
								l
Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	1
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDR	RED EIGHTH	SUBSCRIBER GROU	UP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i>\</i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
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			<u></u>		·····			l
			<u></u>					l
Total DSEs			0.00	Total DSEs	'		0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add t Enter here and in bloc			criber group	o as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUF)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	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
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	<u>\$</u>	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED EL COMMUNITY/ AREA	EVENTH	SUBSCRIBER GROL	IP 0	ONE HUNDRED COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROUP	0	
				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
				ATE FEES FOR EACH			_	
ONE HUNDRED THI COMMUNITY/ AREA	RTEENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED FOR COMMUNITY AREA		I SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
				-	····			and Syndicated
		-						Exclusivity
								Surcharge
	<u></u>	-						for Partially
	···				···			Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	IFTEENTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	<u></u>							
	···				····			
		-						
		-						
					<mark></mark>			
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
							_	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add to 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# 007462								
				TE FEES FOR EAC				
		SUBSCRIBER GROU		ii		I 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
					<u></u>			and
	·····							Syndicated Exclusivity
	·····						••••	Surcharge
								for
								Partially
		-						Distant Stations
								Stations
					<u>.</u>			
	·····							
Total DSEs	<u> </u>		0.00	Total DSEs		!!	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	nd Group	\$	0.00	
·	·				•			
Base Rate Fee Firs		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GROU		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	
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 Thir	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	- 0.0up	<u> </u>	0.00		O.oup	 ▼	3.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		
l		· · ·						

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		·
		SUBSCRIBER GRO		iii		SUBSCRIBER GROUP		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
								Exclusivity Surcharge
						•		for
								Partially
								Distant
								Stations
	·····				·····			
			·		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TW	ENTY-THIRD	SUBSCRIBER GROUF)	ONE HUNDRED TWEE	NTY-FOURTH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA	٠		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	d Group	\$	0.00	Gross Receipts Four	th 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			criber group	as shown in the boxes	s above.	\$		

CABLE ONE,, INC		LE SYSTEM:				S	YSTEM ID# 007462	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	····		<mark></mark>	-				Base Rate Fee
		-	····	·	••••			Syndicated
••••••		-	<u></u>		••••			Exclusivity
								Surcharge
		-						for
		<u> </u>	<mark></mark>					Partially Distant
		-	<u></u>		·····			Stations
		-						
		ļ						
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	and Group	\$	0.00	
Cross receipts rilist v	этоир	<u>*</u>	0.00	Cross receipts occ	oria Oroup	<u>*</u>	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····			
	••••		···					
			<u>.</u>					
			···					
	····		<mark></mark>					
	••••		····					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							$\overline{}$	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
E	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OALL SIGIY	BOL	O/ILL GIGIT	502	O'NEE GIGIT	502	O'ALL SIGIY	BOL	Base Rate Fee
								and
	<u></u>							Syndicated
					<u></u>			Exclusivity
					<u>-</u>			Surcharge for
					<u>-</u>			Partially
								Distant
		-						Stations
	<mark></mark>							1
					<u></u>			1
	····							1
								I
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 (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	
		-						I
					<u></u>			1
		-			<u>-</u>			I
								I
	<u></u>							1
		-			<u></u>			I
					<u>-</u>			1
	····				<u>-</u>			I
								1
		-						1
	<mark></mark>				<u></u>			I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
- 1000 House	2. Jup	.*	3.00	3.000 Accorpto Fourth	. J.Jup	<u>-</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	า 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# 007462								
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROUP)	
COMMUNITY/ AREA	٠		0	COMMUNITY/ AREA			0	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
								Stations
Total DCFo			0.00	Total DCFo		ļļ.	0.00	
Total DSEs	0		0.00	Total DSEs			-	
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 GROUP		ii .		SUBSCRIBER GROUP		
COMMUNITY/ AREA	<i>\</i>		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	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# 007462								
				TE FEES FOR EACH				
		SUBSCRIBER GROUP	0	ii e		H SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			U	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
				·				Distant
								Stations
					<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 Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROU	UP	
COMMUNITY/ ARE/	٩ 		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	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			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE,, INC. SYSTEM ID# 007462								
			BASE RA	TE FEES FOR EACH				
	RTY-FIRST	SUBSCRIBER GROUP		ii e	TY-SECONE	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
	-							Stations
Total DSEs			0.00	Total DSEs		ļļ.	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	RTY-THIRD	SUBSCRIBER GROUP		ii e	TY-FOURTH	I SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·	-						
	-				. 			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	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.	\$		

CABLE ONE,, IN		LE SYSTEM:				S	YSTEM ID# 007462	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FO	ORTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FORTY-SIXTH	H SUBSCRIBER GROUF)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	····	-	····				····	Syndicated
								Exclusivity
	<u></u>	-						Surcharge
	····							for
			····				<u></u>	Partially Distant
		_						Stations
	<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	
ONE HUNDRED FORT		SUBSCRIBER GROU		11		1 SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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	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# 007462								
				TE FEES FOR EACH				
ONE HUNDRED FOR		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>				<u></u>			and
	····				<mark></mark>			Syndicated Exclusivity
								Surcharge
								for
								Partially
	<u></u>				<u></u>			Distant Stations
								Stations
	<u></u>							
					<u></u>			
								
Total DSEs			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 Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		h		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
					···			
								
	····							
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Dana Data Fan Thind	Craun		0.00	Basa Bata Fao Faunt	h C		0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	п Стоир	\$	0.00	
Page Pate Face Add	the base ret	to food for each other	oribor arous	as shown in the haves	ahove			
Enter here and in bloo			mber group	as shown in the boxes	abuve.	\$		

CABLE ONE,, IN		LE SYSTEM:				S	YSTEM ID# 007462	Name
				ATE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU)P 0	ONE HUNDRED FIFT COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	9
	l BOE				T 505	T car a cross		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
					···			and
								Syndicated
								Exclusivity
	<u></u>							Surcharge
	<u></u>							for Partially
								Distant
		-						Stations
	<u></u>							
								
					····			
Total DSEs			0.00	Total DSEs	1	ļļ	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 F	IFTY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FI	FTY-SIXTH	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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		-						
		-						
								
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	····	-			······································			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I 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			riber group	as shown in the boxes	above.	\$		

CABLE ONE,, IN		LE SYSTEM:				S	YSTEM ID# 007462	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e		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
					<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		ONE HUNDRE	ED SIXTIETH	SUBSCRIBER GROUF)	
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 Fourt	h Group	\$	0.00	
		·			r	<u>·</u>		
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			riber group	as shown in the boxes	above.	\$		

CABLE ONE,, INC	•						007462	Name
Bl				TE FEES FOR EAC				
	FIRST	SUBSCRIBER GRO	JP			SUBSCRIBER GROU		9
COMMUNITY/ AREA	Dakota			COMMUNITY/ AREA	So. Siou	ux City/Dakota Co	unty	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
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otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts First G	roun	s 39	,888.00	Gross Receipts Seco	and Group	\$ 10	60,752.00	
1033 Neccipis i iisi O	юшр	3 03	,000.00	O1033 Neccipia occi	ли Огоир	<u>* 1</u>	00,702.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	Sioux (City/Sergeant/No.	Sioux C	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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	<u>.</u>						<u></u>	
	·					<u> </u>	<u></u>	
atal DCFa			0.00	Total DCFs			0.00	
otal DSEs			0.00	Total DSEs			0.00	
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se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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	YSTEM ID# 007462	S`				LE SYSTEM:		CABLE ONE,, INC
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se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 007462	Name
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ase Rate Fee: Add th			criber group	as shown in the boxes	above.	\$		

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9 Computatio of Base Rate Fe	YSTEM ID# 007462					LE SYSTEM:		CABLE ONE,, INC
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LEGAL NAME OF OWNER CABLE ONE,, INC.	R OF CABL	LE SYSTEM:				S	YSTEM ID# 007462	Name
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ONE HUNDRED FIFTY-	SEVENTH							
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e base r				Base Rate Fee Fourth		\$	0.00	

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