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						
AMOUNT						
\$ ALLOCATION NUMBER						
Ç						

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	2017/2							
Period								
Bowner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submina single statement of account and royalty fee payment covering the entire accounting period  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							
	CEQUEL COMMUNICATIONS LLC							
	SUDDENLINK COMMUNICATIONS							
				00791220172				
				007912 2017/2				
	3015 S SE LOOP 323							
	TYLER, TX 75701							
		Leaff for head and						
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of							
System	IDENTIFICATION OF CABLE SYSTEM:							
Oystein	1 PARKERSBURG							
	MAILING ADDRESS OF CABLE SYSTEM:							
	(Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	st on page 1b				
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First PARKERSBURG WV								
Community	Below is a sample for reporting communities if you report multiple cha							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alliana	MD	A	1				
	Alliance Gering	MD MD	B B	3				
	Gennig	IVID	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.

**ACCOUNTING PERIOD: 2017/2** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 007912 **CEQUEL COMMUNICATIONS LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group,

designated by a number (based on your reporting from Part 9).

(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

ADDISON	CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
BELMONT         WV         C         5           BELPRE         WV         B         4           BOAZ         WV         B         4           CHESHIRE         OH         E         7         se           CHESHIRE VILLAGE         OH         E         7         se           DAVISVILLE         WV         B         4         or           ELIZABETH         WV         D         6         or         GALLIPOLIS         OH         E         7         GALLIPOLIS TOWNSHIP         OH         E         7         ARTHORD         WV         E         7         WARTHORD         WV         E         7         WW         E <t< th=""><th>PARKERSBURG</th><th>WV</th><th>В</th><th>4</th></t<>	PARKERSBURG	WV	В	4
BELPRE	ADDISON	WV	E	7
BELPRE         WV         B         4           BOAZ         WV         B         4           CHESHIRE         OH         E         7         5           CHESHIRE VILLAGE         OH         E         7         6           DAVISVILLE         WV         B         4         6           ELIZABETH         WV         D         6         6           GALLIPOLIS         OH         E         7         7           GALLIPOLIS TOWNSHIP         OH         E         7         7           HARTFORD         WV         E         7         7           HARTFORD         WV         E         7         7           JACKSON COUNTY         WV         E         7         7           MARIETTA         OH         B         4         4           MASON         WV         E         7         7           MASON COUNTY         WV         E         7         NEW HAVEN         WV         E         7           NEW HAVEN         WV         E         7         NEW HAVEN         WV         A         1           NORTH HILLS         WV         A         1 <td>BELMONT</td> <td>WV</td> <td>С</td> <td>5</td>	BELMONT	WV	С	5
CHESHIRE         OH         E         7         55           CHESHIRE VILLAGE         OH         E         7         7         80         7         80	BELPRE	WV	В	4
CHESHIRE         OH         E         7         5s           CHESHIRE VILLAGE         OH         E         7         7           DAVISVILLE         WV         B         4         4           ELIZABETH         WV         D         6         6           GALLIPOLIS         OH         E         7         7           HARTFORD         WV         E         7         1           HENDERSON         WV         E         7         1           MARIETTA         OH         B         4         4           MASON COUNTY         WV         E         7           MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         E         7           POMEROY         OH         E         7           PROMEROY         OH         E         7 <td>BOAZ</td> <td>WV</td> <td>В</td> <td>4</td>	BOAZ	WV	В	4
CHESHIRE VILLAGE         OH         E         7         ac           DAVISVILLE         WV         B         4         or           ELIZABETH         WV         D         6         G           GALLIPOLIS         OH         E         7         A           HARTFORD         WV         E         7         T           HARTFORD         WV         E         7         T           HENDERSON         WV         E         7         T           MARIETTA         OH         B         4         A           MASION         WV         E         7         W         E         7           MASON         WV         E         7         W         E         7         W         E         7         W         E         7         W         E         7         W         E         7         W         E         7         W         E         7         N         E         7         W         E         7         N         E         7         N         E         7         N         E         7         N         E         7         N         E         7	CHESHIRE	OH	E	7   5
DAVISVILLE         WV         B         4         OF           ELIZABETH         WV         D         6         G         A	CHESHIRE VILLAGE	OH		<b>7</b> a
ELIZABETH         WV         D         6           GALLIPOLIS         OH         E         7           GALLIPOLIS TOWNSHIP         OH         E         7           HARTFORD         WV         E         7           HENDERSON         WV         E         7           JACKSON COUNTY         WV         E         7           MARIETTA         OH         B         4           MASON         WV         E         7           MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW HAVEN         WV         E         7           NEW HAVINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV </td <td>DAVISVILLE</td> <td>WV</td> <td>В</td> <td></td>	DAVISVILLE	WV	В	
GALLIPOLIS TOWNSHIP         OH         E         7           HARTFORD         WV         E         7           HENDERSON         WV         E         7           JACKSON COUNTY         WV         E         7           MARIETTA         OH         B         4           MASON         WV         E         7           MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RAVENSWOOD         WV         E         7           RENO         OH         E         7           RENO         OH         B         4           RULLEY         WV <td>ELIZABETH</td> <td>WV</td> <td></td> <td>6</td>	ELIZABETH	WV		6
HARTFORD	GALLIPOLIS	OH	E	7
HARTFORD	GALLIPOLIS TOWNSHIP	OH	E	
JACKSON COUNTY	HARTFORD	WV		7
JACKSON COUNTY         WV         E         7           MARIETTA         OH         B         4           MASON         WV         E         7           MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	HENDERSON	WV	E	7
MARIETTA         OH         B         4           MARIETTA TOWNSHIP         OH         B         4           MASON         WV         E         7           MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW HAVEN         WV         A         1           NORTH HILLS         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	JACKSON COUNTY		E	7
MARIETTA TOWNSHIP         OH         B         4           MASON         WV         E         7           MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	MARIETTA	ОН	I В	4
MASON         WV         E         7           MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	MARIETTA TOWNSHIP	ОН	В	4
MASON COUNTY         WV         E         7           MIDDLEPORT         WV         E         7           NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	MASON	WV		7
NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	MASON COUNTY	WV		
NEW HAVEN         WV         E         7           NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	MIDDLEPORT	WV	Е	7
NEW MARTINSVILLE         WV         A         1           NORTH HILLS         WV         B         4           PADEN         WV         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	NEW HAVEN	WV		7
NORTH HILLS         WV         B         4           PADEN         WW         A         1           PLEASANTS COUNTY         WV         C         5           POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	NEW MARTINSVILLE	WV		1
PADEN         WV         A         1           PLEASANTS COUNTY         WW         C         5           POMEROY         OH         E         7           PT. PLEASANT         WW         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	NORTH HILLS	WV	В	4
POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	PADEN	WV	Α	1
POMEROY         OH         E         7           PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	PLEASANTS COUNTY	WV	С	5
PT. PLEASANT         WV         E         7           RACINE         OH         E         7           RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	POMEROY	OH	E	7
RAVENSWOOD         WV         E         7           RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	PT. PLEASANT	WV	Е	7
RENO         OH         B         4           RIPLEY         WV         E         7           ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	RACINE	ОН	Е	7
RIPLEY	RAVENSWOOD	WV	Е	7
ROANE COUNTY         WV         F         8           RUTLAND         OH         E         7           SISTERVILLE         WV         A         2	RENO	OH	В	4
RUTLAND	RIPLEY	WV	Е	7
SISTERVILLE WV A 2	ROANE COUNTY	WV	F	8
SISTERVILLE WV A 2	RUTLAND	ОН	E	
	SISTERVILLE	WV	Α	2
OI LITOLIX	SPENCER	WV	F	8

OH

W۷

OH

WV

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A

В

В

В

3

4

4

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number

Community

First

ee instructions for dditional information n alphabetization.

dd rows as necessary.

**SPRINGFIELD** 

TYLER COUNTY

WETZEL COUNTY

**WILLIAMSTOWN** 

ST. MARY'S

**SYRACUSE** 

VIENNA

**WAVERLY** 

				r
	WIDT COLINTY	\\\\\		6
1	WIKI COOKII	V V V		U
1				
1	WOOD COUNTY	\A/\/	D	A
	WOOD COUNTY	VVV	D	4

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
CEQUEL COMMUNICATIONS LLC 007912

### 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.

BLO	OCK 1		BLOCK 2				
CATECORY OF SERVICE	NO. OF				CATECORY OF SERVICE	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	1	RATE	H	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
Service to first set	38,919	\$	22.99				
Service to additional set(s)	68,966		0				
FM radio (if separate rate)							
Motel, hotel							
Commercial	2,352	\$	30.81				
Converter							
Residential							
Non-residential							
i e	[			1 17		1	T

### F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	\$ 17.00	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		Pay cable		
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
First set	\$ 40.00	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>	\$ 25.00	Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$ 40.00	
Converter		Disconnect		
		Outlet relocation	\$ 25.00	
		<ul> <li>Move to new address</li> </ul>	\$ 40.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

Name

Name

### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AA	
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
WNPB-KIDS	33	E-M	NO		MORGANTOWN, WV
WNPB-HD	33	E-M	NO		MORGANTOWN, WV
WNPB-TV	33	Е	NO		MORGANTOWN, WV
WNPB-TV2	33	E-M	NO		MORGANTOWN, WV
WPGH-TV	43	l	YES	О	PITTSBURGH, PA
WTAE-TV	51	N	YES	О	PITTSBURGH, PA
WTOV-FOX	9	I	NO		STEUBENVILLE, OH
WTOV-FOX HD	9	I-M	NO		STEUBENVILLE, OH
WTOV-HD	9	N-M	NO		STEUBENVILLE, OH
WTOV-METV	9	I-M	NO		STEUBENVILLE, OH
WTOV-TV	9	N	NO		STEUBENVILLE, OH
WTRF-ABC	7	N-M	NO		WHEELING, WV
WTRF-HD	7	N-M	NO		WHEELING, WV
WTRF-MNT	7	I-M	NO		WHEELING, WV
WTRF-TV	7	N	NO		WHEELING, WV

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.  LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	
CEQUEL COM					007912	Name
·					307312	
PRIMARY TRANSMITT						
•		,	, ,		is and low power television stations) ed only on a part-time basis under	G
FCC rules and regula	tions in effect or	n June 24, 19	81, permitting t	he carriage of ce	tain network programs [sections	
		, ,	•	61(e)(2) and (4))];	and (2) certain stations carried on a	Primary
substitute program ba Substitute Basis				s carried by your	cable system on a substitute program	Transmitters: Television
basis under specifc F					cazio ofotom en a cazontato program	TCICVISION
	•		st it in space I (t	he Special Staten	nent and Program Log)—if the	
station was carried  I ist the station here			ation was carrie	ed both on a subs	titute basis and also on some othe	
		,			of the general instructions located	
in the paper SA3 for		oign Do not	roport originatio	n program conje	as such as HDO ESDN ats Identif	
					es such as HBO, ESPN, etc. Identify ation. For example, report multi	
			•	•	ch stream separately; for example	
WETA-simulcast).	o channal numb	oor the ECC h	nas assigned to	the television etc	ition for broadcasting over-the-air ir	
			•		s may be different from the channe	
on which your cable s	system carried th	ne station			·	
					dependent station, or a noncommercial cast), "I" (for independent), "I-M	
					commercial educational multicast)	
For the meaning of th	ese terms, see	page (v) of th	e general instru	ictions located in	the paper SA3 form	
Column 4: If the s planation of local serv				•	e naper SA3 form	
					, stating the basis on which you	
cable system carried	the distant station	on during the	accounting per	iod. Indicate by e	ntering "LAC" if your cable syster	
carried the distant sta	•				capacity ty payment because it is the subjec	
or a wiilleir agreemer	it entered into o	n or before Ju	une 30, 2009, b	etween a cable s	ystem or an association representin	
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prim	ystem or an association representin ary transmitter, enter the designa	
the cable system and tion "E" (exempt). For	a primary trans simulcasts, also	mitter or an a o enter "E". If	ssociation repression repression	esenting the prime channel on any	ary transmitter, enter the designa other basis, enter "O." For a furthe	
the cable system and tion "E" (exempt). For explanation of these t	a primary trans simulcasts, also hree categories	mitter or an a o enter "E". If , see page (v	ssociation repro you carried the of the general	esenting the prime channel on any of instructions local	ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form	
the cable system and tion "E" (exempt). For explanation of these t <b>Column 6:</b> Give th	a primary trans simulcasts, also hree categories ne location of ea	mitter or an a o enter "E". If , see page (v ch station. Fo	essociation repro you carried the of the general or U.S. stations,	esenting the prime channel on any of instructions local list the communi	ary transmitter, enter the designa other basis, enter "O." For a furthe	
the cable system and tion "E" (exempt). For explanation of these t <b>Column 6:</b> Give th FCC. For Mexican or	a primary trans simulcasts, also hree categories ne location of ea Canadian statio	mitter or an a o enter "E". If , see page (v ch station. Fo ns, if any, giv	essociation repro- you carried the y) of the general or U.S. stations, we the name of t	esenting the prime channel on any of instructions local list the communithe community with the community wit	ary transmitter, enter the designa other basis, enter "O." For a furthe sed in the paper SA3 form ty to which the station is licensed by the the which the station is identifed	
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the cable system and tion "E" (exempt). For explanation of these tolumn 6: Give the FCC. For Mexican or Note: If you are utilized and the sign of the set of the sign	a primary trans simulcasts, also hree categories le location of ea Canadian stationg multiple characteristics.  2. B'CAST CHANNEL NUMBER  21  41  41  47  47  47  27  27  49  49  13  13  23  13  49  49  19	mitter or an a conter "E". If , see page (very station. For each s	ssociation reprivou carried the you carried the you carried the or U.S. stations, we the name of the use a separate of the carried the name of the use a separate of the carried the name of the use a separate of the carried the name of the use a separate of the name of the nam	esenting the prime channel on any constructions local list the community with expace G for each AB  5. BASIS OF CARRIAGE (If Distant)  O	ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifed in channel line-up.  6. LOCATION OF STATION  COLUMBUS, OH CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV PARKERSBURG, WV PARKERSBURG, WV PARKERSBURG, WV PARKERSBURG, WV ATHENS, OH ATHENS, OH PARKERSBURG, WV HUNTINGTON, WV HUNTINGTON, WV COLUMBUS, OH PARKERSBURG, WV PARKERSBURG, WV HUNTINGTON, WV COLUMBUS, OH PARKERSBURG, WV PARKERSBURG, WV PARKERSBURG, WV COLUMBUS, OH PARKERSBURG, WV PARKERSBURG, WV PARKERSBURG, WV COLUMBUS, OH PARKERSBURG, WV PARKERSBURG, WV PARKERSBURG, WV COLUMBUS, OH PARKERSBURG, WV COLUMBUS, OH PARKERSBURG, WV CHARLESTON, WV	additional informatio

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#
Name
Name

### PRIMARY TRANSMITTERS: TELEVISION

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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.

CHANNEL LINE-UP AC 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) WCHS-HD 41 N-M NO CHARLESTON, WV 41 Ν WCHS-TV NO CHARLESTON, WV WIYE-HD 47 N-M NO PARKERSBURG, WV WIYE-LD 47 N NO PARKERSBURG, WV 47 I-M NO WIYE-MNT PARKERSBURG, WV WNPB-KIDS 33 YES 0 E-M MORGANTOWN, WV WNPB-HD 33 E-M YES Ε MORGANTOWN, WV WNPB-TV 33 Ε YES 0 MORGANTOWN, WV WNPB-TV2 33 E-M YES 0 MORGANTOWN, WV **WOVA** 49 NO PARKERSBURG, WV ı **WOVA-HD** 49 I-M PARKERSBURG, WV NO Ε WOWK-HD 13 N-M YES **HUNTINGTON, WV** 13 0 **HUNTINGTON, WV WOWK-TV** N YES N 0 HUNTINGTON, WV WSAZ-TV 23 YES PARKERSBURG, WV WTAP-HD 49 N-M NO WTAP-TV 49 N NO PARKERSBURG, WV WTAP-WEATHER 49 I-M NO PARKERSBURG, WV WVAH-TV 19 NO CHARLESTON, WV

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 007912 **CEQUEL COMMUNICATIONS LLC** 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 Primary 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 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 2. B'CAST BASIS OF 1. CALL 3. TYPE 4. DISTANT? 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) WBNS-TV YES COLUMBUS, OH 21 Ν 0 WCHS-ANTENNA 41 I-M NO CHARLESTON, WV See instructions for WCHS-CHRGE additional information 41 NO CHARLESTON, WV I-M on alphabetization. 41 I-M NO WCHS-GETTV CHARLESTON, WV WCHS-HD 41 CHARLESTON, WV N-M NO WCHS-TBD 41 I-M NO CHARLESTON, WV WCHS-TV 41 NO CHARLESTON, WV Ν WLPX-HD 39 I-M NO CHARLESTON, WV WLPX-TV 39 NO CHARLESTON, WV ATHENS, OH WOUB-TV 27 NO HUNTINGTON, WV WOWK-HD 13 N-M NO WOWK-TV 13 N NO **HUNTINGTON. WV** WQCW 17 NO PORTSMOUTH, OH WQCW-HD 17 I-M PORTSMOUTH, OH NO WSAZ-HD 23 N-M NO **HUNTINGTON, WV** WSAZ-MN1 23 **HUNTINGTON, WV** I-M NO WSAZ-TV HUNTINGTON, WV 23 NO N WTAP-TV 49 NO PARKERSBURG, WV N WTSF 44 NO ASHLAND, KY CHARLESTON, WV WVAH-COMET 19 I-M NO WVAH-HD CHARLESTON, WV 19 I-M NO WVAH-SPORTS 19 I-M NO CHARLESTON, WV WVAH-TV 19 NO CHARLESTON, WV WVPB-HD 34 E-M YES **HUNTINGTON, WV** WVPB-KIDS E-M YES 0 HUNTINGTON, WV 34 WVPB-TV YES O **HUNTINGTON, WV** 34 Ε YES O WVPB-TV2 34 E-M **HUNTINGTON, WV** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 007912 **CEQUEL COMMUNICATIONS LLC** 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 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 AE 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1 CALL CARRIAGE SIGN CHANNEL (Yes or No) NUMBER STATION (If Distant) YES WBNS-TV COLUMBUS, OH 21 N 0 WCHS-ANTENNA I-M NO CHARLESTON, WV 41 See instructions for additional information WCHS-CHRGE 41 I-M NO CHARLESTON, WV on alphabetization WCHS-GETTV 41 I-M NO **CHARLESTON, WV CHARLESTON, WV** WCHS-HD 41 N-M NO WCHS-TBD 41 I-M NO CHARLESTON, WV WCHS-TV NO 41 Ν CHARLESTON, WV WJOS-LD 58 NO POMEROY, OH WLPX-HD 39 I-M NO CHARLESTON, WV WLPX-TV CHARLESTON, WV 39 NO **WOUB-TV** Ë 27 NO ATHENS, OH N-M WOWK-HD **HUNTINGTON, WV** 13 NO WOWK-TV NO **HUNTINGTON, WV** 13 N WQCW 17 NO PORTSMOUTH, OH WQCW-HD 17 PORTSMOUTH, OH I-M NO WSAZ-HD NO HUNTINGTON, WV 23 N-M WSAZ-MNT **HUNTINGTON, WV** 23 I-M NO WSAZ-TV HUNTINGTON, WV 23 N NO WTAP-TV N NO 49 PARKERSBURG, WV WTSF 44 NO ASHLAND, KY WVAH-COMET 19 I-M NO CHARLESTON, WV CHARLESTON, WV WVAH-HD 19 I-M NO WVAH-SPORTS 19 NO CHARLESTON, WV I-M WVAH-TV 19 NO CHARLESTON, WV WVPB-HD E-M NÖ 34 **HUNTINGTON, WV** WVPB-KIDS E-M NO **HUNTINGTON, WV** 34 WVPB-TV HUNTINGTON, WV 34 NO E WVPB-TV2 34 E-M NO **HUNTINGTON, WV** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#
007912

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 substitute program basis, as explained in the next paragraph

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

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

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

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

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

		CHANN	EL LINE-UP	AF	
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
WCHS-ANTENNA	41	I-M	NO		CHARLESTON, WV
WCHS-CHRGE	41	I-M	NO		CHARLESTON, WV
WCHS-GETTV	41	I-M	NO		CHARLESTON, WV
WCHS-HD	41	N-M	NO		CHARLESTON, WV
WCHS-TBD	41	I-M	NO		CHARLESTON, WV
WCHS-TV	41	N	NO		CHARLESTON, WV
WJOS-LD	58	ı	NO		POMEROY, OH
WLPX-HD	39	I-M	NO		CHARLESTON, WV
WLPX-TV	39	I	NO		CHARLESTON, WV
WOUB-TV	27	Е	YES	0	ATHENS, OH
WOWK-HD	13	N-M	NO		HUNTINGTON, WV
WOWK-TV	13	N	NO		HUNTINGTON, WV
WQCW	17	I	NO		PORTSMOUTH, OH
WQCW-HD	17	I-M	NO		PORTSMOUTH, OH
WSAZ-HD	23	N-M	NO		HUNTINGTON, WV
WSAZ-MNT	23	I-M	NO		HUNTINGTON, WV
WSAZ-TV	23	N	NO		HUNTINGTON, WV
WTAP-TV	49	N	NO		PARKERSBURG, WV
WTSF	44	I	NO		ASHLAND, KY
WVAH-COMET	19	I-M	NO		CHARLESTON, WV
WVAH-HD	19	I-M	NO		CHARLESTON, WV
WVAH-SPORTS	19	I-M	NO		CHARLESTON, WV
WVAH-TV	19	I	NO		CHARLESTON, WV
WVPB-HD	34	E-M	NO		HUNTINGTON, WV
WVPB-KIDS	34	E-M	NO		HUNTINGTON, WV
WVPB-TV	34	E	NO		HUNTINGTON, WV
WVPB-TV2	34	E-M	NO		HUNTINGTON, WV

G

Primary Transmitters: Television

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007912 **CEQUEL COMMUNICATIONS LLC** 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/
LEGAL NAME OF OWNER OF						SY	STEM ID#	Name
CEQUEL COMMUNICA	ATIONS LI	LC					007912	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i				
In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMENT  • During the accounting per	ccounting pending that must	eriod, under spe st be included in NING SUBST	ecific present and former FC in this log, see page (v) of the TTUTE CARRIAGE	C rules, regula e general instr	ations, or authorizuctions located in	zations. Fon the pape	or a further	Substitute Carriage: Special Statement and
broadcast by a distant sta						-	No	Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ist complete the	program		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L 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 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the sadcast static adian static at and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	attach addition nnetwork televion and that your authorization to use general of BA Basketball: deast live, ente station broadca on's location (thons, if any, the when your system a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitute so 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 accorramming of another instructions of another instructions of a contract of the c	unting ther station e paper ogram  C or, in the month ccurately d be required ed pro		
		E PROGRAM	1	1 1	EN SUBSTITUT IAGE OCCURF		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	S TO	DELETION	
					_			
					_			
					_			
						<u> </u>		
					_			
					_			
		l						İ

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007912 **CEQUEL COMMUNICATIONS LLC 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 **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#	Name
CE	QUEL COMMUNICATIONS LLC		007912	Name
Inst all a (as	OSS RECEIPTS  Tructions: The figure you give in this space determines the form you fle and the amoun imounts (gross receipts) paid to your cable system by subscribers for the system's seculentifed 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.	ondary transmission serv compute this amount, see	rice	<b>K</b> Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross recei		
• Con • Con • If you fee • If you accompany	PRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: inplete block 1, showing your minimum fee. inplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the alternative block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.	arts of the DSE Schedule	e	L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ok 3 below.	e entered on line 1 of		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in block	(	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line		
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent of the	,552.90	
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.			
	This is your minimum fee.	\$ 87	,413.48	
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 period of the property of the p	nn 4, you must check od?		
Block 3	Line 1. <b>BASE RATE FEE</b> : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 82	,780.17	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ 82	,780.17	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 87	,413.48	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees.  Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 88	,138.48	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		

Name	LEGAL NAME OF OWNER			SYSTEM ID#
- Traine	CEQUEL COMMU	JNICATIO	ONS LLC	007912
<b>M</b> Channels	to its subscribers ar	nd (2) the	(1) the number of channels on which the cable system carried television broadcast cable system's total number of activated channels, during the accounting period.	
			padcast stations	52
		e system	ctivated channels carried television broadcast stations	393
	una nonbroadoa			
N Individual to Be Contacted	INDIVIDUAL TO BI we can contact abo		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.)	
for Further	Name <b>SARAI</b>	H BOGI	JE Telephone	903-579-3121
Information	Address 3015 S	SE LO	OP 323  oute, apartment, or suite number)	
	TYLER	R, TX 75		
	(City, town,	, state, zip)		
	Email	SARA	H.BOGUE@ALTICEUSA.COM Fax (optional)	
0	CERTIFICATION (Tr	nis statem	ent of account must be certifed and signed in accordance with Copyright Office reg	gulations.
Certifcation	• I, the undersigned,	hereby ce	tify that (Check one, but only one, of the boxes.)	
	(Owner other tha	an corpor	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or
			n corporation or partnership) I am the duly authorized agent of the owner of the cable that the owner is not a corporation or partnership; or	e system as identified
	(Officer or partning in line 1 of sp	-	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as or	wner of the cable system
		and correct	t of account and hereby declare under penalty of law that all statements of fact contair to the best of my knowledge, information, and belief, and are made in good faith.	ied herein
		X	/s/ Michael Schreiber	
		(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 cursor on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	
		Typed	or printed name: MICHAEL SCHREIBER	
		Title:	EVP, CHIEF CONTENT OFFICER  (Title of official position held in corporation or partnership)	
		Date:	February 18, 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  007	1 ID# '912 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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	<u>-</u> /S
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u>-</u>
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  ** 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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original 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.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that the character and a contract of the contract of the party of	

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

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

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

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

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

### **EXAMPLE**:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		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)

DSE SCHEDULE. PAG	E 11. (CONTINUED)							
4	LEGAL NAME OF OWNER OF CABI	LE SYSTEM:			S'	STEM ID#		
1	CEQUEL COMMUNICA	TIONS LLC				007912		
	SUM OF DSEs OF CATEGO	RY "O" STATIONS						
	Add the DSEs of each statio							
	Enter the sum here and in line	e 1 of part 5 of this s	chedule.		4.00			
	Instructions:					4		
2		Sign": list the call s	igns of all distant stations	s identified by t	the letter "O" in column 5			
	of space G (page 3).			- "				
Computation of DSEs for				= as "1.0"; for	each network or noncom-			
Category "O"								
Stations	CALL SICN				CALL SICN	DOE		
Stations	WBNS-TV		CALL SIGN	DSE	CALL SIGN	DSE		
	WTAE-TV	<del>  </del>				 		
		······································						
	WOWK-TV							
	WSAZ-TV	0.250						
Add rows as	WSYX	0.250						
necessary.	WNPB-KIDS	0.250						
Remember to copy	WNPB-TV	0.250						
all formula into new	WNPB-TV2	0.250						
rows.	WOUB-TV							
	WVPB-TV	0.250						
	WVPB-KIDS	······································						
	WVPB-TV2	····						
	WPGH-TV	1.000						
	***************************************							
		<u>"</u> "						
		<u> </u>						
		<u> </u>						
		<u> </u>						
		<u> </u>			4.00  The letter "O" in column 5 teach network or noncom-  CALL SIGN DSE  DSE  DSE  DSE  DSE  DSE  DSE  DSE			
		JEL COMMUNICATIONS LLC  FD SES OF CATEGORY "O" STATIONS: he boses of each station. he sum here and in line 1 of part 5 of this schedule.  4.00  Strong 3). Column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 are G (page 3). Column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- leducational station, give the DSE as "2.5".  CATEGORY "O" STATIONS: DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  LTV 0.250  LTV 0.250  B-TV 0.250						
		<u> </u>						

Name			С				S	YSTEM ID# 007912			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: List the Column 2: For figure should correct Column 3: For Column 4: Double carried out at a Column 5: For give the type-value Column 6: M	ne call sign of all distant or each station, give the respond with the inform or each station, give the ivide the figure in coluleast to the third decinor each independent sure as ".25."	the number of hours mation given in space total number of hourn 2 by the figure in the point. This is the station, give the "typ lumn 4 by the figure.	your cable system to J. Calculate on ours that the statin column 3, and g "basis of carriage e-value" as "1.0." in column 5, and	n carried the star ly one DSE for each production broadcast ov- ive the result in explain a value" for the some for each network give the result in	tion during the accounting the accounting the station. The station is a column 4. The station.  The station is a column 4 is a column 4. The station is a column 6. Round to no	ounting period. his figure must cational station,				
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN 2. NUMBER OF HOURS OF HOURS CARRIED BY SYSTEM ON AIR 4. BASIS OF CARRIAGE VALUE 6. DSE 6. DSE										
			÷	=		X	<u>-</u>				
	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure and column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure and the station of the station is station of the station										
			÷	=		x	=				
			÷	=		x	=				
		JEL COMMUNICATIONS LLC  **COMMUNICATIONS****  **COMMUNICATIONS***  **COM									
	Add the DSEs of e	each station.		e,		0.00					
Computation of DSEs for Substitute-Basis Stations	Column 1: Give th  Was carried by tions in effect of Broadcast one space I). Column 2: For at your option. This Column 3: Ente Column 4: Divi	your system in substion October 19, 1976 (a or more live, nonnetwore each station give the s figure should correser the number of days ide the figure in column	itution for a program as shown by the lett ork programs during number of live, non spond with the inform in the calendar years by the figure in 2 by the figure in	that your system or "P" in column 7 that optional carris network programs nation in space I. rr. 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by a carried in substance I have been been been been been been been be	o delete under FCC rules the word "Yes" in column a titution for programs that blumn 4. Round to no les	2 of were deleted s than the third	m).			
		SUI	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	ATION OF DSEs	1				
	SIGN	OF	OF DAYS	4. DSE		OF	OF DAYS	4. DSE			
		÷				÷		=			
		÷				÷		=			
		÷				· · · · · · · · · · · · · · · · · · ·		=			
		÷		=		÷		=			
	Add the DSEs of e	each station.		9,	<b>&gt;</b>	0.00					
<b>5</b> Total Number of DSEs	number of DSEs ap  1. Number of DS  2. Number of DS	oplicable to your system SEs from part 2● SEs from part 3●		in parts 2, 3, and	4 of this schedule	e and add them to provide	4.00 0.00				
	TOTAL NUMBER C	DF DSEs						4.00			

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

CEQUEL COM							S	YSTEM ID# 007912	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of		7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
	, ,			ELEVISION MA	ARKETS				Computation of
_		schedule—l	•					gulations in	3.75 Fee
		BLO	CK B: CARRI	AGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Junedule. (Note: Th	part 2, 3, and 4 of e 25, 1981. For fu e letter M below r Act of 2010.)	urther explana	ation of permitte	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carrive 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	ules and regued pursuant on as define tal education d station (76. or DSE schedant to individuously carrius.)	ulations cited be to the FCC mar d in 76.5(kk) (7 al station [76.58 65) (see paragi dule). ual waiver of FC ed on a part-tim vithin grade-B c	6.59(d)(1), 76.61(d), 76.61(d), 76.61(d), 76.enh regarding su CC rules (76.7) e or substitute ba ontour, [76.59(d)(	se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198  ), 76.61(b)(c),  a) referring to 7  g to 76.61(d)  randfathered s	76.63(a) referring 6.61(e)(1 tations in the		
Column 3:	List the DSE for (*Note: For those this schedule to compare the schedule th	e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column	of the schedu 2, you must	ile. complete the w	vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED	3. DSE	
WBNS-TV	D	0.25	WVPB-KID	M	0.25	WVPB-TV	BASIS	0.25	
WNPB-KID		0.25	WOWK-TV	D	0.25		<u>_</u>	<u>0:20</u>	
WNPB-TV2	•••••••••••••••••••••••••••••••••••••••	0.25	WPGH-TV	D	1.00				
WNPB-TV	C		WSAZ-TV	D	0.25				
WOUB-TV	C	0.25	WSYX	D	0.25				
WTAE-TV	D	0.25	WVPB-TV2	М	0.25				
								4.00	
		E	LOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B abo	ve					
Line 3: Subtract (If zero, l	line 2 from line 1 eave lines 4–7 b					rate.	,		
Line 4: Enter gro	ess receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter s	um here				х		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	. 3						If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7)			0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  007912												
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.96(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designater statement of account on fle in the Licensing Division.												
		PERMITT	ED DSE F	OR STA	TIONS CARRI	ED	0	N A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL SIGN							4. BASIS OF CARRIAGE			6. P		
	51514	502			1100			O, II II II IO E		, O.L.		DOL	Ī
										column 2 of block B, part 6 (i.e., those ute carriage. 16 of the DSE schedule anuary 1, 1978 and June 30, 1981 g., 1981/1) 10llowing letters 981. 17 of 163 (referring to explanation, see page (vi) of the squares here. This figure should be entered to verification from the designated  SUBSTITUTE BASIS  5. PRESENT  DSE  6. PERMITTED  DSE  1. OF FCC rules in effect June 24, 1981? 1. of FCC rules in effect June 24, 1972? (refees) 1. of part 7 carried in any commusive to March 31, 1972? (refeese) 1. on below with its appropriate permitted DSE			
											•••		
7 Computation of the	In block A: If your answer is	"Yes," comple	ete blocks I locks B and	d C blank	and complete								
•				BLOCK	( A: MAJOR	TI	EL	EVISION MARK	ET				_
_	• Is any portion of the	cable svstem v	vithin a top	100 maio	r television ma	rke	t as	s defned by section 7	6.5 of FCC	rules in effect J	une 24.	1981?	
	l * .	•	•										
						_							
	BLOCK B: C	arriage of VHI	F/Grade B	Contour	Stations			BLOCK	C: Compu	tation of Exem	ipt DSEs	3	
	commercial VHF stati	ion that places	•	•			nit	y served by the cab	le system p				
	7. Computation of the Syndicated Excusivity Surcharge  Instructions: Block A must be completed. In block A: If your answer is "No." leave blocks B and C; blank and complete part 8 of the DSE schedule. Synchrolege blocks B and C; blank and complete part 8 of the DSE schedule.    Synchrolege blocks B and C; blank and complete part 8 of the DSE schedule.    Sign   DSE   PERIOD   CARRIAGE   DSE   DSE												
	CALL SIGN	DOE	templete this worksheet for those stations identified by the letter 'F' in column 2 of block B, part 6 (i.e., those June 25, 1981, under former FCC rules governing part-time and substitute carriage.  It is not to the station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) basis of carriage on which the station was carried by lasting one of the following letters (high programming carried and year in which the station was carried by lasting one of the following letters (high programming carried on the station was carried by lasting one of the following letters (high programming carried on the station was carried by lasting one of the following letters (high programming carried on the page 14, 1978) and the station is carried by lasting one of the following letters (high programming carried on the station is carried by lasting one of the following special programming under FCC rules, sections 76.59(4)3, 76.61(9(3), or 76.63 (referring to										
	CALL SIGN	DSE	CALL	SIGN	DSE			CALL SIGN	DSE	CALL SIG	IN	DSE	
	Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be enterer in his box 6, column 3 of part 6 or this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designater statement of account on the in the Licensing Division.  PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 0. PERMITTED DSE DSE DSE DSE DSE DSE DSE DSE DSE D												
	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  • Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?  Yes—Complete blocks B and C.  BLOCK B: Carriage of VHF/Grade B Contour Stations Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.												
							-						
							1						
		·	TOTAL	DSEs	0.00	]			·	TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007912	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	8,215,552.90	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as 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?      \( \text{Y} \) 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 C is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	DSE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	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 D 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)	OSE	
	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		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
	(	CEQUEL COMMUNICATIONS LLC	007912									
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.										
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)										
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$										
Exclusivity Surcharge	C. Multiply line B by 3.000 and enter here.											
		D. Enter 0.00089 of gross receipts (the amount in section 1)										
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.										
		F. Multiply line D by line E and enter here										
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)										
		Syndicated Exclusivity Surcharge	<u></u>									
	Instru	ctions:										
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	art									
	• In blo	ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.										
Computation of	_	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low									
Base Rate Fee	blank		1011									
		What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers										
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.											
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS											
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?											
	X Yes—Complete part 9 of this schedule. No—Complete the following sections.											
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE											
	Section 1 Enter the amount of gross receipts from space K (page 7)											
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.										
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)										
	Section											
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.										
		A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶ \$										
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶										
		C. Subtract 1.000 from total DSEs										
		(the figure in section 2) and enter here										
		D. Multiply line B by line C and enter here										
		E. Add lines A, and D. This is your base rate fee. Enter here										
		and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00									
		Dase Nate Fee	<u></u> .									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 007912	Name
Section  If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank  4		_
A. Enter 0.01064 of gross receipts  (the amount in section 1)  \$\Bigsir \\$\$		8
B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶ \$		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here <b></b> ►\$		base Kale 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	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of instead be reported on a community-by-community basis (subscriber groups) if the cable system repo		9
Space G.  In General: If any of the stations you carried were partially distant, the statute allows you, in computin receipts from subscribers located within the station's local service area, from your system's total gross exclusion, you must:		Computation of Base Rate Fee
<b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscriber station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate <b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee	system. Determine the number of ate base rate fee for each group.	and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the static also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete built your cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations  Step 1: For each community served, determine the local service area of each wholly distant and each carried to that community.	partially distant station you	for Partially Permitted Stations
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your outside the station's local service area. A subscriber located outside the local service area of a station the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to wh subscriber group must consist entirely of subscribers who are distant to exactly the same complement system will have only one subscriber group when the distant stations it carried have local service area	of stations. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one groups.	for each of your system's subscriber	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station subscribers in the group.</li> </ul>	n that is distant to all of the	
<ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's E and 4 of this schedule; or,</li> </ul>	OSE as you gave it in parts 2, 3,	
<ul><li>2) any portion of your system is located in a major or smaller televison market, give each station's DS part 6 of this schedule.</li></ul>	E as you gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page in the paper SA3 form.	(vii) of the general instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of the page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribers for that group's complement of stations and total gross receipts from the subscribers in that group actual calculations on the form.	subscriber group (that is, the total	

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007912 **CEQUEL COMMUNICATIONS LLC** 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								S	YSTEM ID# 007912	Name
	Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR E	ACH	SUBSCRI	BER GROUP		
		FIRST	SUBSCRIBER GROU	JP			SECOND	SUBSCRIBER GRO	JP	9
COMMUNITY/ A		SUBSC	RIBER GROUP 1			COMMUNITY/ AREA SUBSCRIBER GROUP 2				
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	Computation of
WPGH-TV	Α	1.00			WPGH-TV	D	1.00			Base Rate Fee
					WTAE-TV	D	0.25			and
										Syndicated
										Exclusivity
										Surcharge
										for
										Partially
										Distant
							<b></b>			Stations
							<b></b>			
		<b> </b>		<del>-</del>	-		<b></b>		<u></u>	
		<b></b>	-		-		<b></b>		<u></u>	
		<b> </b>		<del></del>	-		<del> </del>			
	••••••			<u>-</u>	-		<b>-</b>		····	
Total DSEs				1.00	Total DSEs				1.25	
Gross Receipts	First G	roup	s 549	,589.19	Gross Receipts	Secon	d Group	\$	87,009.56	
, , , , , , , , , , , , , , , , , , , ,				,						
Base Rate Fee	First Gr	oup	\$ 5	5,847.63	Base Rate Fee	Secon	d Group	\$	1,078.27	
		THIRD	SUBSCRIBER GROU	JP			FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ A	AREA	SUBSC	RIBER GROUP 3		COMMUNITY/ A	REA	SUBSCE	RIBER GROUP 4		
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	
WPGH-TV	D	1.00			WBNS-TV	D	0.25			
WTAE-TV	D	0.25			WSYX	D	0.25			
					WVPB-TV2	M	0.25			
			-		WVPB-KIDS	M	0.25			
					WVPB-TV	С	0.25			
							<b></b>		<u>.</u>	
			-				<b></b>			
				·	-					
			-							
				<u> </u>	-		<b>†</b>			
				<u> </u>			<b>†</b>			
			-				<b>†</b>			
Total DSEs				1.25	Total DSEs				1.25	
Gross Receipts	Third G	Froup	\$ 12 	2,502.16	Gross Receipts	Fourth	Group	\$ 5,3	96,002.70	
Base Rate Fee	Third G	roup	\$	154.93	Base Rate Fee	Fourth	Group	\$	66,869.96	
			e fees for each subso	criber group	as shown in the bo	oxes a	bove.	c	82 780 47	
≡riter nere and ii	II DIOCK	ડ, iine 1, s	space L (page 7)					\$	82,780.17	

CEQUEL CON									SYSTEM ID# 007912	Name
	BL	OCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR E	ACH	SUBSCRI	BER GROUP		
		FIFTH	SUBSCRIBER GROU	JP			SIXTH	SUBSCRIBER GR	ROUP	_
COMMUNITY/ AF	COMMUNITY/ AREA SUBSCRIBER GROUP 5			COMMUNITY/ A	9 Computation					
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	of
WNPB-TV	С	0.25			WBNS-TV	D	0.25			Base Rate Fe
WNPB-KIDS	M	0.25			WVPB-TV	С	0.25			and
WNPB-TV2	M	0.25	-		WVPB-KIDS	М	0.25			Syndicated
WSAZ-TV	<u></u> D	0.25			WVPB-TV2	M	0.25			Exclusivity
WOWK-TV	 D	0.25					0.20		·····	Surcharge
		0.20	-						······	for
									······	Partially
		<b></b>							······	
		<b></b>	-							Distant
										Stations
Total DSEs		•		1.25	Total DSEs				1.00	
Gross Receipts F	irst Gr	oup	\$ 227	166.77	Gross Receipts S	Secon	d Group	\$	105,900.61	
·		·								
Base Rate Fee F	irst Gr	oup	\$ 2	,815.16	Base Rate Fee S	Secon	d Group	\$	1,126.78	
	S	EVENTH	SUBSCRIBER GROU	JP			EIGHTH	SUBSCRIBER GR	ROUP	
COMMUNITY/ AF	REA	SUBSC	RIBER GROUP 7		COMMUNITY/ A	REA	SUBSCR	RIBER GROUP	8	
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE	CALL SIGN	DSE	
WBNS-TV	D	0.25			WOUB-TV	С	0.25			
			-							
									·····	
			-						······	
		<b></b>							······	
									·····	
			-							
			-							
Total DSEs				0.25	Total DSEs				0.25	
Total DOL3					Total Dolls					
Gross Receipts T	hird G	roup	\$ 1,668	,160.02	Gross Receipts F	ourth	Group	\$	169,221.89	
									<del></del>	
Base Rate Fee T	hird G	roup	\$ 4	,437.31	Base Rate Fee F	ourth	Group	\$	450.13	
Base Rate Fee: A			e fees for each subso	criber group	as shown in the bo	oxes a	above.	\$		

LEGAL NAME OF OWNE			•			SY	STEM ID# 007912	Name	
В				TE FEES FOR EACH					
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU	Р	0	
COMMUNITY/ AREA		RIBER GROUP 1		COMMUNITY/ AREA	SUBSC	RIBER GROUP 2	9 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	
	<mark></mark>							Distant	
								Stations	
	<mark> </mark>				ļ		<u></u>		
	<mark></mark>				ļ	-	<u></u>		
							<b></b>		
	···						<u> </u>		
	<u></u>				ļ		<u> </u>		
Total DSEs		<u>                                     </u>	0.00	Total DSEs	ļ	11	0.00		
Gross Receipts First G	iroup	\$ 549,	589.19	Gross Receipts Secon	d Group	\$ 8	7,009.56		
Base Rate Fee First G	•	\$	0.00	Base Rate Fee Second		\$	0.00		
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	Р		
COMMUNITY/ AREA	SUBSC	RIBER GROUP 3		COMMUNITY/ AREA	SUBSC	RIBER GROUP 4			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					ļ				
	<mark></mark>				ļ		<u></u>		
	<u> </u>				ļ				
	<u></u>						<u></u>		
	<mark></mark>								
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	<u>.  </u>						<u></u>		
							<u></u>		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third (	Group	<u>\$</u> 12,	502.16	Gross Receipts Fourth	Group	\$ 5,39	6,002.70		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
						<u> </u>			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	ibove.	\$	0.00		

LEGAL NAME OF OWNE							007912	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCE	RIBER GROUP		•
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	SUBSC	RIBER GROUP	5	COMMUNITY/ ARE	A SUBSC	RIBER GROUP 6	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
					•••••			
					••••			
Total DSEs	<u>.</u>		0.00	Total DSEs	-		0.00	
Gross Receipts First G	roup	\$ 227	7,166.77	Gross Receipts Sec	ond Group	<u>\$</u> 1	05,900.61	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	)UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	SUBSC	RIBER GROUP	7	COMMUNITY/ ARE	A SUBSO	RIBER GROUP 8		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OALL GIGIT	DOL	OALL SIGIV	DOL	CALL GIGIT	DOL	OALL GIGIT	DOL	
	···	H	···		•••••		•••••	
	···		···					
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			<del></del>					
	<u>-</u>	H	<del> </del>		····			
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	<u></u>	H	<u></u>		·····			
	<u></u>	H	<u></u>		·····			
	<u></u>		<u></u>		·····			
			<mark></mark>		<u></u>			
			<mark></mark>					
			···					
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$ 1,668	3,160.02	Gross Receipts Fou	rth Group	\$ 1	69,221.89	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third C	ne <b>base ra</b>			Base Rate Fee Fou		\$	0.00	

Name	YSTEM ID# 007912	S'			<b>.</b>			LEGAL NAME OF OWNE
				TE FEES FOR EACH				BL
9	JP	SUBSCRIBER GROU	TENTH	COMMUNITY ASSE		SUBSCRIBER GRO	NINTH	OOMMUNITY ARE
Computation				COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and							·	
Syndicated Exclusivity						<b>-</b>		
Surcharge								
for								
Partially								
Distant Stations							·	
Stations							-	
							·	
	0.00	Į I		T-4-1 DOE-	0.00		<u> </u>	T-4-1 DOE-
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First Gr
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	EL
	0	MMUNITY/ AREA 0						COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
							-	
		-						
							_	
							·	
			1		1			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 007912 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 007912 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 007912 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown