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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

## SA3E Long Form

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

Accounting Period         2018/1           B         Instructions: Cive the full legin arms of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate tile of the subsidiary, of the owner on a subsidiary, of the owner of the cable system. If there were different owners during the accounting period. System is a full bial day of the accounting period should submit a single statement of account and royally fee payment covering the entire accounting period.         004380           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1           004380         2018/1         004380         2018/1	Period         Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate life of the subsidiary, not that of the parent coopration List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period. only the owner on the last day of the accounting period should submit a single statement of account and rought be parent covering the entire accounting period of the accounting period should submit a single statement of account and rought be parent covering the entire accounting period. The cable system Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.         O0438           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC         00438002018         0043800 2018/1           3016 S SE LOOP 323 TYLER, TX 75701         004380 2018/1         004380 2018/1         004380 2018/1           2         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1           2         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           3         1         ATHENS         X           4         Athen S         X	Α	ACCOUNTING PERIOD COVERED BY	THIS STATEMENT:							
B       Give the full legal name of the conver of the cable system. If the owner is a subsidiary of another corporation, give the full corpo         Ist any other name or names under which the owner conducts the business of the cable system       If the subsidiary, not that of the paramet corporation of the subsidiary of another conducts the business of the cable system       004380         ist any other name or names under which the owner conducts the business of the cable system       004380       004380         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       004380         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       0043800 20181         CQUEL COMMUNICATIONS LLC       004380 20181         004380       2018/1         3015 S SE LOOP 323       TYLER, TX 75701         R       NRTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B.         system       1       IDENTIFICATION OF CABLE SYSTEM:         2       NUMBER ADDRESS OF CABLE SYSTEM:       2         3015 S SE LOOP 323       TYLER, TX 75701         TYLER, TX 75701       MAILING ADDRESS OF CABLE SYSTEM:       2         3016 DENTIFICATION OF CABLE SYSTEM:       2       1         1       IDENTIFICATION OF CABLE SYSTEM:       2         2       NUMBER A	B       Cive the full legal name of the cover of the cable system. If the owner is a subsidiary of another corporation, give the full corporation. List any other name or names under which the owner conducts the business of the cable system         I bit 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 the environ of the last day of the accounting period should submit a single statement of account and royally fee payment covering the entire accounting period.       00433         LEGAL NAME OF OWNER/MALLING ADDRESS OF CABLE SYSTEM       CEQUEL COMMUNICATIONS LLC       004380       2018/1         Solids S SE LOOP 323       TYLER, TX 75701       004380       2018/1         C       NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names atready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.       004380       2018/1         System       1       Definite/Toxino of CABLE SYSTEM:       2       Number State System:       2         A read Sorved       1       Image: System State System Syste	•	2018/1								
CEQUEL COMMUNICATIONS LLC       00438020181         004380       2018/1	CEQUEL COMMUNICATIONS LLC     004380 2018/1       004380 2018/1     004380 2018/1       3015 S SE LOOP 323 TYLER, TX 75701     004380 2018/1       NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.       System     1       DENTIFICATION OF CABLE SYSTEM: ATHENS       2     MAILING ADDRESS OF CABLE SYSTEM: 2       2     1       Intervention: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.       CETY OR TOWN     STATE       First Community     CITY OR TOWN       Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)     STATE       Sample     Atla     1       Atlance     MD     A       Atlance     MD     B       Communities     2		Give the full legal name of the owner of the corrate title of the subsidiary, not that of the parent of List any other name or names under which the <i>If there were different owners during the accused a single statement of account and royalty fee pay</i>	corporation the owner conducts the business of the cable syste counting period, only the owner on the last day of the rement covering the entire accounting perioo	m <i>e accounting period should</i>		004380				
OD438020181         004380 2018/1         018         028         028         039         041         041         041         041         041         041         041         041 </td <td>Od43802018       004380 2018/1       00580 201       01680 201       0170 201001 2018/1       0180 2019/1       0180 2019/1       0180 2019/1   <td></td><td>LEGAL NAME OF OWNER/MAILING ADDRES</td><td>SS OF CABLE SYSTEM</td><td></td><td></td><td></td></td>	Od43802018       004380 2018/1       00580 201       01680 201       0170 201001 2018/1       0180 2019/1       0180 2019/1       0180 2019/1 <td></td> <td>LEGAL NAME OF OWNER/MAILING ADDRES</td> <td>SS OF CABLE SYSTEM</td> <td></td> <td></td> <td></td>		LEGAL NAME OF OWNER/MAILING ADDRES	SS OF CABLE SYSTEM							
Odd380       2018/1         3015 S SE LOOP 323 TLER, TX 75701         C System       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       DENTIFICATION OF CABLE SYSTEM: ATHENS         2       MAILING ADDRESS OF CABLE SYSTEM: (City, town, state, ap code)         2       MAILING ADDRESS OF CABLE SYSTEM: 2         3       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Citry or ToWN         Served First Community       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.         Sample       AIAE       TX         Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)       STATE         Sample       AIda       1	Description     Structions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Community     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Community     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Community     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Community     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Community     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Community     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Communities     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Communities     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b       Area Served First Communities     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b		CEQUEL COMMUNICATIONS L	LC							
3015 S SE LOOP 323 TYLER, TX 75701         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       Dentrification of cABLE SYSTEM: ATHENS         Mailing AdDRESS OF CABLE SYSTEM: 2       Mailing AdDRESS OF CABLE SYSTEM: (City, town, state, zp code)       Number; street, rural route, apatiment, or suite number)         City, town, state, zp code)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.         Parea Served       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.         First Community       STATE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)       STATE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CILINE UP       SUB GRP#         Sample       Atla       MD       A       1	System     INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.       System     1     DENTIFICATION OF CABLE SYSTEM: ATHENS       2     INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.       2     Instruction of CABLE SYSTEM: ATHENS       2     Instructions: For CABLE SYSTEM: (City, town, state, zip code)       3     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.       Certary or RTOWN     STATE       4     ATHENS       8     TX       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE       Atlance     MD       Atlance     MD       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE       Adda     1       Alliance     MD     B       2     MD     B       3					00438	020181				
TYLER, TX 75701         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       Image: Description of cable system: Image: Description of the system of t	TYLER, TX 75701         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       Dentification of cable system: ATHENS         2       Mailung address of cable system: These strend; numer; num roue; appendent; or sube number)       Mailung address of the system, if different from the address given in space B.         D       Area Served       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         With all communities.       CITY OR TOWN       STATE         First Community       ATHENS       TX         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB GRP#         Alliance       MD       A       1       Alliance       MD       B       2         Gering       MD       B       2       MD       B       2       B					004380	2018/1				
System       1       DENTIFICATION OF CABLE SYSTEM: ATHENS         MAILING ADDRESS OF CABLE SYSTEM:       ATHENS         MAILING ADDRESS OF CABLE SYSTEM:       MAILING ADDRESS OF CABLE SYSTEM:         (Number: street, rural route, apartment, or suite number)       (City, town, state, 20 code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       CITY OR TOWN         First       ATHENS         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda         Aliance       MD         Aliance       MD	System       1       Dentification of CABLE SYSTEM: ATHENS         MAILING ADDRESS OF CABLE SYSTEM: 2       MAILING ADDRESS OF CABLE SYSTEM: 2         Vitimber, street, rural route, apathment, or suite number)         (City, town, state, 2p code)         Image: Served First Community         First Community         Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)         Sample         Alda         Alliance         Gering         Milance         MD         B         Sample		TYLER, TX 75701	s or trade names used to identify the busines	s and operation of the sys	stem unless	these				
Image: Served Served       Image: Area Served Citry OR TOWN       Image: State Stat	1       ATHENS         Mailing Address of CABLE SYSTEM:         2       (Number: street; nural route; apartment; or suite number)         (City, town, state; zip code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       Served         CITY OR TOWN       STATE         First       ATHENS         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Aida       MD       A         Aliance       MD       A       1         Alliance       MD       B       2         Gering       MD       B       3	_									
2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zip code)       (City, town, state, zip code)         Area       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       CITY OR TOWN         Served       CITY OR TOWN         First       ATHENS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda       1         Allaince       MD       B       2	2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zip code)       (City, town, state, zip code)         Area Served       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area Served       CITY OR TOWN         First Community       ATHENS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda         Allance       MD         Alliance       MD         Gering       MD	System									
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       with all communities.         Served       CITY OR TOWN         First       ATHENS         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         CITY OR TOWN (SAMPLE)       MD         Alda       MD         Alliance       MD         MD       B	D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       with all communities.         Served       CITY OR TOWN         First       ATHENS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda       MD         Aliance       MD       B         Gering       MD       B										
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       with all communities.         Served       CITY OR TOWN         First       ATHENS         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       MD       A         Alda       MD       A         Alliance       MD       B	D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       with all communities.         Served       CITY OR TOWN         First       ATHENS         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Alda       MD       A         Alliance       MD       B       2         Gering       MD       B       3		2 (Number, street, rural route, apartment, or suite number)								
Area Served     with all communities.       First Community     CITY OR TOWN     STATE       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)       Sample     Alda     MD     A       Alliance     MD     B     2	Area       with all communities.         Served       CITY OR TOWN       STATE         First       ATHENS       TX         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB GRP#         Alda       MD       A       1         Alliance       MD       B       2         Gering       MD       B       3		(City, town, state, zip code)								
Served     CITY OR TOWN     STATE       First     ATHENS     TX       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)       Sample     Alda     MD     A       Alliance     MD     B     2	Served     CITY OR TOWN     STATE       First     ATHENS     TX       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)       Sample     Alda     MD     A       Alda     MD     B     2       Gering     MD     B     3	D	Instructions: For complete space D instruct	tions, see page 1b. Identify only the frst comm	unity served below and re	elist on page	e 1b				
First Community     ATHENS     TX       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)       Sample     Alda     MD     A       Alliance     MD     B     2	First Community     ATHENS     TX       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2       Gering     MD     B     3		with all communities.								
Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2	Community     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2       Gering     MD     B     3	Served									
Sample     Sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2	Sample     Delow is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2       Gering     MD     B     3		munity								
SampleAldaMDA1AllianceMDB2	SampleMDA1AldaMDB2AllianceMDB3GeringMDB3	connunty				0.15					
Sample Alliance MD B 2	SampleMDB2AllianceMDB3GeringMDB3					SUE					
	Gering MD B 3	Sample									
	Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th										
	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										

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/29/2018

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
CEQUEL COMMUNICATIONS LLC 004380								
<b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communitient to the termination of terminatio of termination of termination of termination of	es within unincorp you list will serve	orated	D Area Served				
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	ne parks should be	e reported in pare	ntheses					
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. İl	f you report any st	ations					
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns to the space of the DSE schedule of the design of the DSE schedule of the design	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-				
ATHENS	ТХ			First				
CANEY CITY	ТХ			Community				
ENCHANTED OAKS	ТХ							
GUN BARREL CITY	ТХ							
HENDERSON COUNTY	ТХ							
LAKE ATHENS	TX			See instructions for				
	TX			additional information				
MABANK	ТХ			on alphabetization.				
MALAKOFF	ТХ							
OAK HARBOR	ТХ							
PAYNE SPRINGS	ТХ			Add rows as necessary.				
SEVEN POINTS	ТХ			Add Tows as necessary.				
SPANISH SHORES	ТХ							
STAR HARBOR	ТХ							
TOOL CITY	ТХ							
TRINIDAD	ТХ							


N	LEGAL NAME OF OWNER OF CABL	E SYSTEM:					S	YSTEM IC		
Name	CEQUEL COMMUNICATIONS LLC									
E	SECONDARY TRANSMISSION In General: The information in s				y transmission	service of t	he cable			
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including p					hose existi	ng on the			
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Bot									
scribers and Rates	down by categories of secondar each category by counting the n									
Nates	separately for the particular service						charged			
	Rate: Give the standard rate of						e and the			
	unit in which it is generally billed				rd rate variation	s within a p	oarticular rate			
	category, but do not include disc	counts allowed	for advance payment	·						
	Block 1: In the left-hand block									
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca									
	first set" and would be counted of									
	Block 2: If your cable system									
	printed in block 1 (for example, t									
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.									
		OCK 1				BLOC	K 2			
	_	NO. OF					NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:									
	<ul> <li>Service to first set</li> </ul>		4,898 \$ 39.99							
	<ul> <li>Service to additional set(s)</li> </ul>	1	1,507 0							
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial		207 \$ 39.99							
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC			=s						
-	In General: Space F calls for ra				Il your cable sys	tem's serv	ices that were			
F	not covered in space E, that is, t									
<b>.</b> .	service for a single fee. There a									
Services Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the									
Secondary	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.									
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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) descri	otion and inclue	de the rate for each.		I	T				
		BLO					BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SEF		RATE	CATEGO	RY OF SERVICE	RATE		
	Pay cable	\$ 17.00	• Motel, hotel	Sidentiai						
	• Pay cable—add'l channel	\$ 19.00	Commercial			•••••				
	• Fire protection	\$ 15.00	Pay cable							
	•Burglar protection		<ul> <li>Pay cable</li> <li>Pay cable-add'l c</li> </ul>	hannel						
	Installation: Residential		• Fire protection		·····					
	• First set	\$ 40.00	Burglar protection	n		•••••				
	Additional set(s)	\$ 25.00	Other services:			•••••				
	• FM radio (if separate rate)	ψ <u>2</u> 5.00	• Reconnect		\$ 40.00					
	I W I AULO (II SEPAIALE I ALE)	l	· Neconnect		ψ 40.00					
	Converter		Disconnect							
	• Converter		Disconnect     Outlet relocation		\$ 25.00					
	• Converter		Disconnect     Outlet relocation     Move to new add	ress	\$25.00 \$40.00					

LEGAL NAME OF OWNE	ER OF CABLE SYS	STEM:			SYSTEM ID#	ŧ				
CEQUEL COMM	UNICATION	NS LLC			004380	Name				
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
					and low power television stations) I only on a part-time basis under	G				
					n network programs [sections					
substitute program bas	is, as explained	in the next p	aragraph.		d (2) certain stations carried on a ble system on a substitute program	Primary Transmitters: Television				
basis under specifc FC	C rules, regula	tions, or autho	rizations:							
station was carried of	only on a subst	itute basis.			nt and Program Log)—if the					
basis. For further inf	formation conce				te basis and also on some other the general instructions located					
in the paper SA3 for Column 1: List each		sian. Do not re	port origination	program services	such as HBO, ESPN, etc. Identify					
each multicast stream a	associated with	a station acc	ording to its ove	r-the-air designation	on. For example, report multi-					
NETA-simulcast).			·		stream separately; for example					
					n for broadcasting over-the-air in ay be different from the channel					
on which your cable sy	stem carried th	e station.		•	endent station, or a noncommercial					
					st), "I" (for independent), "I-M"					
					nmercial 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 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.										
					payment because it is the subject					
					em or an association representing transmitter, enter the designa-					
ion "E" (exempt). For s	imulcasts, also	enter "E". If y	ou carried the c	hannel on any oth	er basis, enter "O." For a further					
					in the paper SA3 form. to which the station is licensed by the					
					which the station is identified.					
Note: If you are utilizing	g multiple chan	nel line-ups, u	ise a separate s	pace G for each c	hannel line-up.					
		CHANN	EL LINE-UP	AA						
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE						
	NUMBER	STATION		(If Distant)		4				
KAZD	39	<u> </u>	NO		LAKE DALLAS, TX	-				
KAZD-HD	39	I-M	NO		LAKE DALLAS, TX	See instructions for				
KDAF	32	1	NO		DALLAS, TX	additional information alphabetization.				
KDAF-ANTENNA	32	I-M	NO		DALLAS, TX	-				
KDAF-HD	32	I-M	NO		DALLAS, TX					
KDAF-THIS	32	I-M	NO		DALLAS, TX					
KDFI	36	I	NO		DALLAS, TX	1				

		CHANN	EL LINE-UP	AA		
	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF STATION	(Yes or No)	CARRIAGE		
KA75	NUMBER		NO	(If Distant)		ł
KAZD	39		NO NO		LAKE DALLAS, TX	
KAZD-HD	39				LAKE DALLAS, TX	See instructions for additional information
KDAF		<u> </u>	NO		DALLAS, TX	alphabetization.
KDAF-ANTENNA	32		NO		DALLAS, TX	
KDAF-HD	32		NO		DALLAS, TX	
KDAF-THIS	32	I-M	NO		DALLAS, TX	
KDFI	36		NO		DALLAS, TX	
KDFI-BUZZR		I-M	NO		DALLAS, TX	
KDFI-HD	36	I-M	NO		DALLAS, TX	
KDFI-MOVIES	36		NO		DALLAS, TX	
KDFW	35	<u> </u>	NO		DALLAS, TX	
KDFW-HD	35	I-M	NO		DALLAS, TX	
KDTN	43	<u> </u>	NO		DENTON, TX	
KDTN-HD	43	I-M	NO		DENTON, TX	
KDTX-TV	45	I	NO		DALLAS, TX	
	14	E-M	NO		DALLAS, TX	
KERA-TV	14		NO		DALLAS, TX	
KERA-HD	14		NO		DALLAS, TX	
KERA-WORLD	14		NO		DALLAS, TX	
KFWD-SON LIFE	9	I	NO		FORT WORTH, TX	
KFWD-HD			NO		FORT WORTH, TX	
	7	N		1	TYLER, TX	
	7	I-M	NO		TYLER, TX	
	7	N-M	NO		TYLER, TX	
KMPX	30		NO		DECATUR, TX	
KMPX-HD		I-M	NO		DECATUR, TX	
KPXD	42		NO		ARLINGTON, TX	
KPXD-HD	42	I-M	NO		ARLINGTON, TX	
KSTR-TV	0	I I	NO		IRVING, TX	
		I-M	NO		IRVING, TX	•
KSTR-HD			NO		FORT WORTH, TX	
KTVT KTVT-DECADES	19 19		NO		1	
	19	N-M			FORT WORTH, TX	
KTVT-HD	19		NO		FORT WORTH, TX	
KTXA-HD		<u>!</u>	NO		FORT WORTH, TX	
KTXA-HD	29		NO		FORT WORTH, TX	
KTXD-HD	46	I-M	NO		GREENVILLE, TX	
KTXD-TV	46	<u> </u>	NO		GREENVILLE, TX	
KUVN-TV	23		NO		GARLAND, TX	
KUVN-HD		I-M	NO		GARLAND, TX	
KXAS-COZI	41		NO		FORT WORTH, TX	
KXAS-TV	41		NO		FORT WORTH, TX	
KXAS-HD	41	N-M	NO		FORT WORTH, TX	
KXTX-EXITOS	40	I-M	NO		DALLAS, TX	
ΚΧΤΧ-ΤΥ	40		NO		DALLAS, TX	
KXTX-HD		I-M	NO		DALLAS, TX	
WFAA-HD	8	N-M	NO		DALLAS, TX	
WFAA-JUSTICE	8	I-M	NO		DALLAS, TX	
WFAA-TV	8	N	NO		DALLAS, TX	
WFAA-WEATHER		I-M		1	DALLAS, TX	1

	LEGAL NAME OF (	OWNER OF CABL	E SYSTE	И:					SYSTEM ID#
Name	CEQUEL CO		TIONS	LLC					004380
H Primary Transmitters: Radio	all-band basis v Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	t every radio s vhose signals ctions Concer it is carried by monitoring, to prmation about aper SA3 form dentify the call State whether to the radio stati this by placing Sive the station	tation ca were "ge <b>ning All</b> the syst be receive the statio on's sigr a check 's locatio	rried on a separate and discre- nerally receivable" by your ca <b>-Band FM Carriage:</b> Under ( tem whenever it is received a ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	abl Co t ti sys on	le system during opyright Office re he system's hea stem's FM anter this point, see p d by the cable sy station is license	the accounting equilations, an adend, and (2) ana, during ce bage (vi) of the ystem as a sep ed by the FCC	ng period FM sign it can b rtain sta genera genera	d. al is generally e expected, ted intervals. al instructions nd discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION

CEQUEL COMMUNICA	TIONS LI	LC				004380	Name	
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage:	
<ul> <li>During the accounting peri broadcast by a distant stat</li> </ul>		r cable system	carry, on a substitute basi	s, any nonne		ХNо	Special Statement and Program Log	
<b>Note:</b> If your answer is "No' log in block 2.	', leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete the progran	ı	r rogram zog	
2. LOG OF SUBSTITUTE	PROGRA	MS						
In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg SA3 form for futher informati titles, for example, "I Love L	ce, please a of every no distant stat gulations, o tion. Do no	attach additiona nnetwork televi ion and that you r authorizations t use general c	al pages. sion program (substitute p ur cable system substituted s. See page (vi) of the gen ategories like "movies", or	rogram) that, d for the prog eral instructio	during the accounting ramming of another stati ns located in the paper	on		
Column 2: If the program	n was broad	dcast live, enter	r "Yes." Otherwise enter "N sting the substitute program					
Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice				
the case of Mexican or Can	adian static	ons, if any, the o	community with which the steen carried the substitute p	station is ider	numerals with the mon	th		
first. Example: for May 7 giv	/e "5/7."			•				
Column 6: State the time to the nearest five minutes.			gram was carried by your o			ý		
stated as "6:00–6:30 p.m."								
Column 7: Enter the lette to delete under FCC rules a			was substituted for progra					
gram was substituted for pro	ogramming							
effect on October 19, 1976.								
_					EN SUBSTITUTE	7. REASON		
S		E PROGRAM			IAGE OCCURRED 6. TIMES	FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO	DELETION		
					_			
					_			
					_			
					_			

\_\_\_\_\_

FORM SA3E. PAGE 5.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACCOUNTING PERIOD: 2018/1

SYSTEM ID#

FORM SA3E. PAGE 6.

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC004380									
	PART-TIME CA	ARRIAGE LOG									
J Part-Time Carriage Log	ge Column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-										
			DATES	S AND HOURS (	DF F	PART-TIME CAF	RRIAGE				
		WHEN	I CARRIAGE OCC	URRED			WHEN	I CARRIAGE OC	CURRED		
	CALL SIGN	DATE	HOU FROM	RS TO		CALL SIGN	DATE	HO FROM	URS TO		
		DATE		10			DATE	- ROM	-		
								-	_		
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FORM	SA3E. PAGE 7.								
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name						
CE	QUEL COMMUNICATIONS LLC	004380	Name						
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sect dentifed 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. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K Gross Receipts						
		·							
Instru • Com • Com • If yo fee f • If yo acco	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable p pompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b	arts of the DSE Schedule	L Copyright Royalty Fee						
	k 3 below.								
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be	entered on line 2 in block							
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line							
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor 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								
	Line 2. Multiply the amount in line 1 by 0.01064								
	Enter the result here.								
	This is your minimum fee.	\$ 15,333.85							
	<ul> <li>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.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>Ino—Leave block 3 below blank and c</li> <li>Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero</li> </ul>	mn 4, you must check							
3	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	\$-							
Block 4	<ul> <li>Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.</li> </ul>	<u>\$ 15,333.85</u>	Cable systems 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	\$ 16,058.85	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							

ACCOUNTING PERIOD:	2018/1
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ACCOUNTING PERI	OD: 2018/1				FORM SA3E. PAGE 8.					
Name	LEGAL NAME	OF OWNER OF CABLES	SYSTEM:		SYSTEM ID#					
Humo	CEQUEL	COMMUNICATIO	DNS LLC		004380					
	CHANNE	LS								
М	Instructio	ons: You must give	(1) the number of channels on which	n the cable system carried television broad	dcast stations					
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	10 110 0000			aled chamicis, during the accounting per						
	1. Enter the total number of channels on which the cable									
	system o	carried television br	oadcast stations		49					
	2. Enter th	ne total number of a	ctivated channels							
	on which	the cable system	carried television broadcast stations		468					
	and non	broadcast services								
Ν	INDIVIDU	AL TO BE CONTA	CTED IF FURTHER INFORMATION	N IS NEEDED: (Identify an individual						
	we can co	ontact about this sta	tement of account.)							
Individual to										
Be Contacted for Further	Nama	SARAH BOG	IE	Toloph	ono 903 579 3131					
Information	Name	SARAH BUG	JE	Teleph	011e <u>903-57 9-5121</u>					
internation										
	Address	3015 S SE LC	OP 323							
		(City, town, state, zip)	5701							
		(Oity, town, state, zip)								
	Email	SARA	H.BOGUE@ALTICEUSA.C	OM Fax (optional)						
•	CERTIFICA	ATION (This statem	ent of account must be certifed and	signed in accordance with Copyright Offic	e regulations.					
0										
Certifcation	• I, the und	ersigned, hereby ce	rtify that (Check one, <i>but only one</i> , of	the boxes.)						
		other then corner	tion or portnorphin) I cm the owner	of the apple system as identified in line 1 of	anaca Bi or					
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.									
			-	r penalty of law that all statements of fact co	ontained herein					
	-	omplete, and correc , Section 1001(1986		tion, and belief, and are made in good faith.						
	110 0.0.01	,								
		X	/s/ Alan Dannenbaum							
		<u> </u>	/S/ Alan Dannenbaum							
		Enter ar	electronic signature on the line above	using an "/s/" signature to certify this statemer	nt.					
		(e.g., /s/	John Smith). Before entering the first f	orward slash of the /s/ signature, place your c	sursor in the box and press the					
		"F2" bu	ton, then type /s/ and your name. Pres	sing the "F" button will avoid enabling Excel's	Lotus compatibility settings.					
		Typed	or printed name: ALAN DANNE	ENBAUM						
		Title:	SVP, PROGRAMMING							
			(Title of official position held in corporation	or partnership)						
		Date:	August 18, 2018							
Privacy Act Notice	: Section 111	of title 17 of the Uni	ted States Code authorizes the Copyright	ht Offce to collect the personally identifying in	formation (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 Office'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 th 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 lav

FORM	SA3E	PAGE9
	JAJL.	I AULS

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004380	Name
<ul> <li>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 lowing sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable syste service of providing secondary transmissions of primary broadcast transmitters, the system s scribers and amounts collected from subscribers receiving secondary transmissions pursuan     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general in paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	em for the basic hall not include sub- t to section 119." hstructions in the	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Mailing Address       Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days  x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furthe contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	er assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Cop please list below the owner, address, first community served, accounting period, and ID number as g 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 ident	ifying information (PII) requested or	ı 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency 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 carriec 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 LISTEE 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 local stations are not counted at all in computing DSEs.	

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station sover 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 anc 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, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

tems 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, noncommercial 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.

### DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 DSF 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.

TOTAL DSEs

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

CITY

Santa Rosa

Rapid City

Fairvale

Bodega Bay

DSE

1.0

1.0

0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local E (network) service areas of stations B, D, and E.



Minimum Fee Total Gross Receipts		\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

## DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CEQUEL COMMUNICATIONS LLC 004380										
	SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         0.00										
2	Instructions:										
Computation of DSEs for	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"			CATEGORY "O" STATION	IS: DSEs	-						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
	[	II									

Capacity	figure should corresp Column 3: For e Column 4: Divid be carried out at leas Column 5: For e give the type-value a	all sign of all distar ach station, give th ond with the inforr ach station, give th e the figure in colu at to the third decin ach independent s s ".25." bly the figure in col his is the station's	ne number of nation given ne total numb mn 2 by the nal point. This tation, give the umn 4 by the DSE. (For m ATEGOR)	hours you in space ber of hou figure in s is the " he "type- the figure in hore infor	our cable syster a J. Calculate or urs that the stat column 3, and g basis of carriag value" as "1.0." n column 5, and rmation on roun	m carried the sta hly one DSE for e ion broadcast ov give the result in e value" for the s For each netwoo l give the result in ding, see page (	tion during th each station. er the air dur decimals in c station. rk or noncom n column 6. F	ing the accour column 4. This mercial educa Round to no les	nting period. figure must tional station, ss than the	
_		2. NUMBEI OF HOU CARRIE	२	Y LAC	STATIONS:					
		OF HOU CARRIE				COMPUTATI	ON OF DS	SEs		
			D BY	OF ST/	MBER HOURS ATION AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	Ε
- - - - - - - - - - - - - - - - - - -			÷							
			÷		=					
· · · · · · · · · · · · · · · · · · ·									=	
			÷		=	=	x		=	•••••
	space I). Column 2: For eac at your option. This fig Column 3: Enter th Column 4: Divide the decimal point. This is the	ure should corres ne number of days the figure in colum	pond with the in the calend n 2 by the fig	e informa dar year: jure in co	ation in space I. 365, except in olumn 3, and giv	a leap year. /e the result in co	olumn 4. Rou	nd to no less t	han the third	m).
-		SUE	BSTITUTE	-BASIS	S STATION	S: COMPUTA	TION OF	DSEs		
	SIGN OF	JMBER OGRAMS	3. NUMB OF DA IN YEA	YS	4. DSE	1. CALL SIGN	2. NUM OF PRO	IBER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DS
.		÷ -		=				÷		-
		÷		Ī				÷		-
		÷		=				<u>.</u>		=
		÷ ÷		=				÷		=
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here	station.				·····•		0.00		
E	TOTAL NUMBER OF I number of DSEs applic			e boxes i	n parts 2, 3, and	4 of this schedule	e and add the	n to provide th	e tota	
-		from part 2 •				1			0.00	
	1. Number of DSEs					'			0.00	
5	<ol> <li>Number of DSEs</li> <li>Number of DSEs</li> </ol>	from part 3●							0.00	

CEQUEL COM	WNER OF CABLE						S	YSTEM ID# 004380	Name
schedule.	"Yes," leave the re	emainder of p	·	7 of the DSE sche	edule blank a	nd complete p	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system effect on June 24,				aller markets as de		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
		schedule-[	ОО NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7	7		
X No—Comp	lete blocks B and	C below.							
		BLOO	CK B: CARR	AGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations are shown as the regulations are	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	lles and regued pursuant f	lations cited b to the FCC ma	asis on which you o elow pertain to tho Irket quota rules [7 76.59(d)(1), 76.61(	ose in effect o 6.57, 76.59(b	n June 24, 198 ), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	al educationa d station (76. or DSE scheo ant to individe viously carrie JHF station w	al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir ⁄ithin grade-B	9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(	63(a) referring bstitution of g	g to 76.61(d) randfathered	stations in the	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				-	
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove				-	
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375 a	and enter si	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3				X	-	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	- mon actions.

U.S. Copyright Office

DSE SCHEDULE. PAGE 13.

	OWNER OF CABLE						S	YSTEM ID#	
CEQUEL CON	MUNICATION	IS LLC						004380	Name
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									3.75 Fee
		<b>.</b>							
		<b>+</b>							
		<b>.</b>							
	<u> </u>	<u></u>							

	•						D	SE SCHEDULE. PAGE 14.		
Name	LEGAL NAME OF OWN							SYSTEM ID#		
Name	CEQUEL COM	MUNICATIONS L	LC					004380		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Imputating he DSE hedule for ermittedColumn 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, 1 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									
	1 CALL									
	1. CALL SIGN	2. PRIOR DSE			4. BASIS OF CARRIAGE		ESENT	6. PERMITTED DSE		
	SIGN	DSE	P	ERIOD	CARRIAGE	D	JSE	DSE		
							••••••			
			•••••••••••••••••••••••••••••••••••••••			•••••	•••••••			
						•••••	•••••••			
			-+							
7 Computation of the Syndicated Exclusivity Surcharge	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?									
	X Yes—Complete	blocks B and C			No-Procee	d to part 8				
	BLOCK B: C	arriage of VHF/Grade	e B Contour	Stations	BLC	DCK C: Comput	tation of Exemp	ot DSEs		
	Is any station listed ir commercial VHF stati or in part, over the ca Yes—List each s X No—Enter zero a	ion that places a grad ble system? tation below with its ap	le B contour	r, in whole	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.					
					X No—Enter ze					
	CALL SIGN	DSE C/	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		то	TAL DSEs	0.00			TOTAL DSE	s <b>0.00</b>		
						L				

L

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004380	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,441,151.03	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 Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?           X         Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     Yes—Complete part 9 of this schedule.     X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	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		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D	SE	
	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)		
	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		

DSE	SCHED	ULE.	PAGE	16

	LEGAI NAM	DSE SCHEDU ME OF OWNER OF CABLE SYSTEM: S	LE. PAGE 16. YSTEM ID#
Name		CEQUEL COMMUNICATIONS LLC	004380
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
<b>8</b> Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to to to to to to to to to to	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the 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)	3
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	0
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama					
CEQL	IEL COMMUNICATIONS LLC 004380	Name					
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.						
4		8					
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶	· ·					
	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						
	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 <b>0.00</b>						
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in						
Space		9					
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation					
	on, you must:	of Base Rate Fee					
First: D	livide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated					
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity					
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for					
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	Partially					
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, able system is wholly located outside all major television markets, complete block A only.	Distant Stations, and					
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted					
-	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations					
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located						
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)						
	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each						
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.						
	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber						
groups.							
	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 that is distant to all of the</li> </ul>							
	bers in the group.						
• lf:	system is leasted whelly systemed all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3						
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, f this schedule; or,						
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.						
•	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.						
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions						
in the paper SA3 form.							
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total</li> </ul>							
DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.							

Name		
	CEQUEL COMMUNICATIONS LLC	00438
	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.	5
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE						SY	STEM ID# 004380	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	P	_
COMMUNITY/ AREA	SUBSC	RIBER GROUP 1		COMMUNITY/ AREA	SUBSC	RIBER GROUP 2		9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DGE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
							···	
								and
						-		Syndicated
								Exclusivity
								Surcharge
								for
					Ι			Partially
								Distant
		-						Stations
								Olutions
					+			
					<b>.</b>			
					<b>.</b>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 769,	763.57	Gross Receipts Secon	d Group	\$ 67	1,387.46	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					1			
					<b>†</b>	•		
Total DSEs 0.00				Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
				11				
			iber group	as shown in the boxes a	bove.	¢	0.00	
Enter here and in block 3, line 1, space L (page 7)						φ	0.00	

В				TE FEES FOR EACH				
					SUBSCRIBER GR			
OMMUNITY/ AREA SUBSCRIBER GROUP 1			COMMUNITY/ AREA	SUBSCI	RIBER GROUP	2	Con	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	COI
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								Exe
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	<mark></mark>							
	<mark></mark>		<mark></mark>					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	iroup	\$ 769	,763.57	Gross Receipts Secon	nd Group	\$	671,387.46	
ise Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ase Rate Fee First G				Base Rate Fee Secon				
		\$ SUBSCRIBER GRO	UP			\$ SUBSCRIBER GF	ROUP	
				Base Rate Fee Secon				
DMMUNITY/ AREA			UP				ROUP	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
ase Rate Fee First G OMMUNITY/ AREA CALL SIGN	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0 DSE	COMMUNITY/ AREA CALL SIGN CALL SIGN	FOURTH	SUBSCRIBER GF	ROUP 0 DSE 0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	FOURTH	SUBSCRIBER GF	ROUP 0 DSE	
OMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0 DSE 0	COMMUNITY/ AREA CALL SIGN CALL SIGN	FOURTH	SUBSCRIBER GF	ROUP         0           DSE         0           DSE         0           0         0           0         0           0         0           0         0           0         0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0 DSE	COMMUNITY/ AREA CALL SIGN CALL SIGN	FOURTH	SUBSCRIBER GF	ROUP 0 DSE 0	
DMMUNITY/ AREA	THIRD DSE	SUBSCRIBER GRO	UP 0 DSE 0	COMMUNITY/ AREA CALL SIGN CALL SIGN	FOURTH	SUBSCRIBER GF	ROUP         0           DSE         0           DSE         0           0         0           0         0           0         0           0         0           0         0	
DMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP 0 DSE 0 0 0 0 0 0.00 0.00	COMMUNITY/ AREA CALL SIGN CALL SIGN	FOURTH	SUBSCRIBER GF	ROUP         0           DSE         0           DSE         0           0         0           0         0           0         0           0         0           0         0	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004380						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	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 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 of	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 commercia	al VHE Grade B contour stations listed in block A part 9 of						
and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>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 c this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified at Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to s your actual calculations on this form.</li> </ul>							
	FIRST SUBSCRIBER GROUP	SECOND 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)							