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

### SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |                   |  |  |  |  |
|-------------------------------|-------------------|--|--|--|--|
| DATE RECEIVED                 | AMOUNT            |  |  |  |  |
|                               | \$                |  |  |  |  |
| 8/29/2018                     | ALLOCATION NUMBER |  |  |  |  |
|                               |                   |  |  |  |  |

Return completed workbook by email to:

### coplicsoa@loc.gov

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

| Α              | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |  |                                   |                |
|----------------|--|--|-----------------------------------|----------------|
| Accounting     | 2018/1   |  |                                   |                |
| Period         |  |  |                                   |                |
| B<br>Owner     | Instructions:     Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation     List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducts the busine If there were different owners during the accounting period, only the owner as ingle statement of account and royalty fee payment covering the entire accounting the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | ss of the cable system<br>on the last day of the counting perion | em the accounting period should s | •              |
|                | CEQUEL COMMUNICATIONS LLC  |  |                                   |                |
|                |  |  |                                   |                |
|                |  |  |                                   | 00476420181    |
|                |  |  |                                   | 004764 2018/1  |
|                |  |  |                                   |                |
|                | 3015 S SE LOOP 323   |  |                                   |                |
|                | TYLER, TX 75701  |  |                                   |                |
|                | ·  | Leaff for head and   |                                   |                |
| С              | <b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of  |  |                                   |                |
| System         | IDENTIFICATION OF CABLE SYSTEM:  | <u> </u>   |                                   | <u>.</u>       |
| <b>-</b>       | HUMBOLDT   |  |                                   |                |
|                | MAILING ADDRESS OF CABLE SYSTEM:   |  |                                   |                |
|                |  |  |                                   |                |
|                | (Number, street, rural route, apartment, or suite number)  |  |                                   |                |
|                | (City, town, state, zip code)  |  |                                   |                |
| D              | Instructions: For complete space D instructions, see page 1b. Identify   | only the fret comm   | nunity served helow and rel       | ist on page 1h |
| _              |  | orny the not com   | numity served below and ren       | of on page 15  |
| Area<br>Served | with all communities.  CITY OR TOWN  | STATE  |                                   |                |
| First          | HUMBOLDT   | CA   |                                   |                |
| Community      |  |  | naaa C                            |                |
|                | Below is a sample for reporting communities if you report multiple cha   | STATE  | CH LINE UP                        | SUB GRP#       |
|                | Alda   | MD   | A A                               | 1              |
| Sample         | Alliance   | MD   | В                                 | 2              |
|                | Gering   | MD   | В                                 | 3              |
|                |  |  |                                   | 4              |

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

| FORM SA3E. PAGE 1b.  |                  |            | ACCOONT    | ING PERIOD: 2018/1     |  |  |  |  |  |
|--|------------------|------------|------------|------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                  |            | SYSTEM ID# |                        |  |  |  |  |  |
| CEQUEL COMMUNICATIONS LLC  |                  |            | 004764     |                        |  |  |  |  |  |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. |                  |            |            |                        |  |  |  |  |  |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses   |                  |            |            |                        |  |  |  |  |  |
| below the identified city or town.  If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).                      |                  |            |            |                        |  |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by  | a subscriber gro |            |            |                        |  |  |  |  |  |
| CITY OR TOWN   | STATE            | CH LINE UP | SUB GRP#   |                        |  |  |  |  |  |
| HUMBOLDT   | CA               |            |            | First                  |  |  |  |  |  |
| ARCATA   | CA               |            |            | Community              |  |  |  |  |  |
| BLUE LAKE  | CA               |            |            |                        |  |  |  |  |  |
| EUREKA   | CA               |            |            |                        |  |  |  |  |  |
| FERNDALE   | CA               |            |            |                        |  |  |  |  |  |
| FORTUNA  | CA               |            |            | See instructions for   |  |  |  |  |  |
| HUMBOLDT COUNTY  | CA               |            |            | additional information |  |  |  |  |  |
| MCKINLEYVILLE  | CA               |            |            | on alphabetization.    |  |  |  |  |  |
| RIO DELL   | CA               |            |            |                        |  |  |  |  |  |
| TRINIDAD   | CA               |            |            |                        |  |  |  |  |  |
| INIVIDAD   | CA               |            |            |                        |  |  |  |  |  |
|  |                  |            |            | Add rows as necessary. |  |  |  |  |  |
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|  |                  |            |            |                        |  |  |  |  |  |

| <br> | <br> |
|------|------|
|      |      |
|      |      |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

004764

### Ε

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL   | OCK 1                 |    | BLOCK 2 |   |  |  |
|--|-----------------------|----|---------|---|--|--|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS |    | RATE    | NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE |  |  |
| Residential:                                     |                       |    |         |   |  |  |
| <ul> <li>Service to first set</li> </ul>         | 19,765                | \$ | 29.99   |   |  |  |
| <ul> <li>Service to additional set(s)</li> </ul> | 13,922                |    | 0       |   |  |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       | ļ  |         |   |  |  |
| Motel, hotel                                     |                       | ļ  |         |   |  |  |
| Commercial                                       | 375                   | \$ | 29.99   |   |  |  |
| Converter  |                       |    |         |   |  |  |
| <ul> <li>Residential</li> </ul>                  |                       |    |         |   |  |  |
| Non-residential                                  |                       |    |         |   |  |  |
|  | ļ                     |    |         |   |  |  |

### F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLOCK 2                  |   |          |  |
|---|--------------------------|---|----------|--|
| CATEGORY OF SERVICE                             | CATEGORY OF SERVICE RATE |   |          |  |
| Continuing Services:                            |                          | Installation: Non-residential           |          |  |
| Pay cable                                       | \$ 17.00                 | Motel, hotel                            |          |  |
| <ul> <li>Pay cable—add'l channel</li> </ul>     | \$ 19.00                 | Commercial                              |          |  |
| Fire protection                                 |                          | Pay cable                               |          |  |
| Burglar protection                              |                          | Pay cable-add'l channel                 |          |  |
| Installation: Residential                       |                          | Fire protection                         |          |  |
| First set                                       | \$ 40.00                 | Burglar protection                      |          |  |
| <ul> <li>Additional set(s)</li> </ul>           | \$ 25.00                 | Other services:                         |          |  |
| <ul> <li>FM radio (if separate rate)</li> </ul> |                          | Reconnect                               | \$ 40.00 |  |
| Converter                                       |                          | Disconnect                              |          |  |
|   |                          | Outlet relocation                       | \$ 25.00 |  |
|   |                          | <ul> <li>Move to new address</li> </ul> | \$ 40.00 |  |
|   |                          |   |          |  |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 004764 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE BASIS OF 1. CALL 4 DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) **NUMBER** STATION (If Distant) KAEF-HD 22 N-M NO ARCATA, CA KAEF-LIVE 22 I-M NO ARCATA, CA See instructions for additional information **KAEF-METV** 22 I-M NO ARCATA, CA n alphabetization KAEF-TV 22 Ν NO ARCATA, CA **KBVU** 28 ı NO **EUREKA, CA KBVU-COZI** 28 I-M NO **EUREKA, CA KBVU-HD** 28 I-M NO **EUREKA, CA** NO **KEET** 11 Ε EUREKA, CA **KEET-CREATE** 11 E-M NO **EUREKA, CA KEET-FNX** 11 E-M NO **EUREKA, CA** EUREKA, CA **KEET-HD** E-M NO 11 **KEET-WORLD** 11 E-M NO EUREKA, CA **KEET-KIDS** E-M NO 11 EUREKA, CA **KEMY-LP** 33 ı NO **EUREKA, CA KEMY-HD** I-M NO 33 **EUREKA, CA KEUV-LP** 31 ı NO **EUREKA, CA** KIEM-HD 3 N-M NO **EUREKA, CA** NO KIEM-TV 3 Ν **EUREKA, CA KUVU-HD** 9 I-M NO EUREKA, CA **KUVU-LP** 9 I NO EUREKA, CA **KVIQ** 17 N NO **EUREKA, CA** KVIQ-HD 17 N-M NO **EUREKA, CA** 

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004764 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT 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 CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substitute program into the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month   | FORM SA3E. PAGE 5.  | CARLEOVO   | TEM:  |   |  |  |               | PERIOD: 2018/                |
|--|---|--|---|---|--|--|---------------|------------------------------|
| In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If you ranswer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "76ers vs. Bulls."  Column 3: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No."  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried by substitute program. Use numerals, with the month first. Example: for May 7 give "57."  Column 6: State the firms when the substitute program was substitute prog |   |  |   |   |  | S  |               | Name                         |
| substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball" refers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station for hordcasting the substitute program.  Column 6: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Einer the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during t | SUBSTITUTE CARRIAGI   | E: SPECIA  | L STATEMEN  | IT AND PROGRAM LOG  |  |  |               | •                            |
| Substitute Dasis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program wa  | substitute basis during the a explanation of the programm   | ccounting pening that must   | eriod, under spe<br>st be included ir   | cific present and former FC<br>this log, see page (v) of the  | C rules, regula  | ations, or authorizations. I   | For a further | Substitute Carriage:         |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasts the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 1 |   |  |   |   |  | huadi talariaian muanum  |               | Special                      |
| LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system subtituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  NHEN SUBSTITUTE  CARRIAGE OCCURRED  7. REASON FOR  DELETION  | broadcast by a distant sta  | tion?  | ·   |   | •  | Yes  | <b>X</b> No   | Statement and<br>Program Log |
| In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball". F6ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  SHATION SUBSTITUTE CARRIAGE OCCURRED  5. MONTH  6. TIMES                                      | log in block 2.   |  |   | ge blank. If your answer is   | Yes, you mu  | ist complete the progran   | 1             |                              |
| SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  CARRIAGE OCCURRED  FOR DELETION  | clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broat Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lett to delete under FCC rules a gram was substituted for pi | of every no distant state gulations, of every no distant state gulations, of the state of the st | attach additional nnetwork televition and that your authorizations of use general of the station broadcattion broadcattion broadcattion broadcattion broadcattion broadcattion broadcattion broadcattion gram, if any, the swhen your system substitute proad program carried listed program ons in effect du | al pages. Ision program (substitute pur cable system substitute pur cable system substitutes. See page (vi) of the genategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the community with which the tem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period | rogram) that, d for the progeral instruction "basketball".  lo." m. station is lice station is ider program. Use cable system. 5 p.m. to 6:2 mming that y to enter the let | during the accounting ramming of another statins located in the paper List specific program  nsed by the FCC or, in stiffied). numerals, with the monumerals, with the monumerals accurately 8:30 p.m. should be our system was required ter "P" if the listed pro | th<br>y       |                              |
| 1. TITLE OF PROGRAM  2. LIVE?  3. STATION'S  5. MONTH  6. TIMES  DELETION  |   |  |   |   |  |  | 7. REASON     |                              |
|  |   | 2. LIVE?   | 3. STATION'S  |   | 5. MONTH   | 6. TIMES   |               |                              |
|  |   |  |   |   |  | _  |               |                              |
|  |   | <b> </b>   |   |   |  | _  |               |                              |
|  |   | <b> </b>   |   |   |  | _  |               |                              |
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|  |   |  |   |   |  | _  |               |                              |

**ACCOUNTING PERIOD: 2018/1** FORM SA3E, PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004764 **CEQUEL COMMUNICATIONS LLC PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

### Part-Time Carriage Log

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

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

- · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

# DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

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

|  | IL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID                   |   |  |  |  |  |  |
|--|--|-----------------------------|---|--|--|--|--|--|
| CE   | QUEL COMMUNICATIONS LLC  | 00476                       | 4 Name  |  |  |  |  |  |
| Inst<br>all a<br>(as<br>pag  | COSS 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 secundentifed 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<br>Gross Receipts   |  |  |  |  |  |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. |  |                             |   |  |  |  |  |  |
| bloc   | ort 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.   |                             |   |  |  |  |  |  |
| 3 be   |  |                             |   |  |  |  |  |  |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.   | ould be entered on line     |   |  |  |  |  |  |
| Block<br>1   | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  | e is 1.064 percent of the   |   |  |  |  |  |  |
|  | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.  | \$ 3,761,141.63             |   |  |  |  |  |  |
|  | This is your minimum fee.  | \$ 40,018.55                |   |  |  |  |  |  |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and control of the contro | mn 4, you must check        |   |  |  |  |  |  |
| Block<br>3   | Line 1. <b>BASE RATE FEE</b> : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero   | \$ -                        |   |  |  |  |  |  |
|  | 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<br>4   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  | \$ 40,018.55                | Cable systems   |  |  |  |  |  |
|  | Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.   | 0.00                        | submitting<br>additional<br>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)<br>should contact<br>the Licensing          |  |  |  |  |  |
|  | Line 4. <b>FILING FEE</b>  |                             |   |  |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here   | \$ 40,743.55                | appropriate<br>form for<br>submitting the<br>additional fees. |  |  |  |  |  |
| Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)  |  |                             |   |  |  |  |  |  |

| Name                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC   | SYSTEM ID#<br>004764     |  |  |  |  |  |  |  |  |
|--|---|--------------------------|--|--|--|--|--|--|--|--|
| M  | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  | stations                 |  |  |  |  |  |  |  |  |
| Channels                                   | Enter the total number of channels on which the cable     system carried television broadcast stations  | 22                       |  |  |  |  |  |  |  |  |
|  | Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services  | 335                      |  |  |  |  |  |  |  |  |
| N<br>Individual to                         | we can contact about this statement of account.)  |                          |  |  |  |  |  |  |  |  |
| Be Contacted<br>for Further<br>Information | Name SARAH BOGUE Telephone \$   | 903-579-3121             |  |  |  |  |  |  |  |  |
|  | Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  |                          |  |  |  |  |  |  |  |  |
|  | TYLER, TX 75701  (City, town, state, zip)   |                          |  |  |  |  |  |  |  |  |
|  | Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)  |                          |  |  |  |  |  |  |  |  |
| 0  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office reg  | ulations.                |  |  |  |  |  |  |  |  |
| Certifcation                               | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  |                          |  |  |  |  |  |  |  |  |
|  | (Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 in line 1 of space B and that the owner is not a corporation or partnership; or   | system as identified     |  |  |  |  |  |  |  |  |
|  | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.   | vner of the cable system |  |  |  |  |  |  |  |  |
|  | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]   | ed herein                |  |  |  |  |  |  |  |  |
|  | X /s/ Alan Dannenbaum   |                          |  |  |  |  |  |  |  |  |
|  | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus |                          |  |  |  |  |  |  |  |  |
|  | Typed or printed name: ALAN DANNENBAUM  |                          |  |  |  |  |  |  |  |  |
|  | 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 United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  SYSTEM ID#  004764   | Name  |
|---|---|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below | Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address  |   |
| INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  |   |
| For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | Q   |
| Line 1 Enter the amount of late payment or underpayment   | Interest<br>Assessment  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  |   |
| space L, (page 7)   |   |
| <ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> </ul>   |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.  |   |
| Owner Address   |   |
| First community served Accounting period ID number  |   |

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

ACCOUNTING PERIOD: 2018/1

### INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

| • Independent: its type-value is                                  | 1.00 |
|---|------|
| Network: its type-value is  | 0.25 |
| Noncommercial educational: its type-value is                      | 0.25 |
| Note that local stations are not counted at all in computing DSEs |      |

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **EXAMPLE**:

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

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



|    | Distant Stations Carried |       | Identification o | of Subscriber Groups   |                  |
|----|--------------------------|-------|------------------|------------------------|------------------|
|    | STATION                  | DSE   | CITY             | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| in | A (independent)          | 1.0   |                  | SERVICE AREA OF        | FROM SUBSCRIBERS |
| 6  | B (independent)          | 1.0   | Santa Rosa       | Stations A, B, C, D ,E | \$310,000.00     |
| -  | C (part-time)            | 0.083 | Rapid City       | Stations A and C       | 100,000.00       |
|    | D (part-time)            | 0.139 | Bodega Bay       | Stations A and C       | 70,000.00        |
|    | E (network)              | 0.25  | Fairvale         | Stations B, D, and E   | 120,000.00       |
|    | TOTAL DSFs               | 2 472 |                  | TOTAL GROSS RECEIPTS   | \$600,000,00     |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

|                              |              | 40,0000                     |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group       |              | Second Subscriber Group     |              | Third Subscriber Group      |              |
| (Santa Rosa)                 |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |
| Gross receipts               | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |
| DSEs                         | 2.472        | DSEs .                      | 1.083        | DSEs .                      | 1.389        |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |

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

**ACCOUNTING PERIOD: 2018/1** 

| DSE SCHEDULE. PAG    | E 11. (CONTINUED)                                |                     |                                  |                   |                             |   |
|----------------------|--|---------------------|----------------------------------|-------------------|-----------------------------|---|
| 4                    | LEGAL NAME OF OWNER OF CABL                      | E SYSTEM:           |                                  |                   | S                           | STEM ID#                                |
|                      | CEQUEL COMMUNICAT                                | TIONS LLC           |                                  |                   |                             | 004764                                  |
|                      | SUM OF DSEs OF CATEGOR                           |                     | NS:                              |                   |                             |   |
|                      | Add the DSEs of each station                     |                     |                                  |                   | 0.00                        |   |
|                      | Enter the sum here and in line                   | 1 of part 5 of this | s schedule.                      |                   | 0.00                        |   |
| 2                    | Instructions:                                    | Simm", light the eq | Il aigne of all distant stations | s identified by t | the letter "O" in ealtern F |   |
|                      | In the column headed "Call sof space G (page 3). | sign": list the ca  | il signs of all distant stations | s identified by t | ne letter "O" in column 5   |   |
| Computation          | In the column headed "DSE"                       | : for each indep    | endent station, give the DSI     | as "1.0"; for     | each network or noncom-     |   |
| of DSEs for          | mercial educational station, given               |                     |                                  |                   |                             |   |
| Category "O"         |  |                     | CATEGORY "O" STATION             | NS: DSEs          |                             |   |
| Stations             | CALL SIGN  | DSE                 | CALL SIGN                        | DSE               | CALL SIGN                   | DSE                                     |
|                      |  |                     |                                  |                   |                             |   |
|                      |  |                     |                                  |                   |                             |   |
|                      |  |                     |                                  |                   |                             |   |
|                      |  |                     |                                  |                   |                             |   |
|                      |  |                     |                                  |                   |                             |   |
| Add rows as          |  |                     |                                  |                   |                             |   |
| necessary.           |  |                     |                                  | ·                 |                             |   |
| Remember to copy     |  |                     |                                  |                   |                             |   |
| all formula into new |  |                     |                                  |                   |                             |   |
| rows.                |  |                     |                                  |                   |                             |   |
|                      |  |                     |                                  |                   |                             |   |
|                      |  |                     |                                  |                   |                             |   |
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|                      |  |                     |                                  |                   |                             |   |
|                      |  |                     |                                  |                   |                             |   |

| Name  |  | NER OF CABLE SYSTEM:  MUNICATIONS LL   | С  |   |   |   | S   | YSTEM ID#<br>004764 |
|---|--|--|--|---|---|---|---|---------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2: For figure should corn Column 3: For Column 4: D be carried out at Column 5: For give the type-valu Column 6: M        | ne call sign of all distate or each station, give the respond with the information or each station, give the responding to the figure in coluple as to the third deciror each independent supersummers. The supersummers of the su | the number of hours mation given in space total number of hourn 2 by the figure in the point. This is the station, give the "typ lumn 4 by the figure. | your cable systemed J. Calculate on ours that the station column 3, and good basis of carriagore-value" as "1.0." in column 5, and                      | n carried the sta<br>ly one DSE for e<br>on broadcast ov<br>ive the result in<br>e value" for the s<br>For each network<br>give the result in | tion during the accounting<br>each station.<br>er the air during the acco<br>decimals in column 4. Th   | ounting period. his figure must cational station, |                     |
| Capacity  |  | С  | ATEGORY LAC  | STATIONS:   | COMPUTATI   | ON OF DSEs  |   |                     |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEM   | R 3. N<br>JRS O<br>ED BY S   | UMBER<br>F HOURS<br>TATION<br>N AIR   | 4. BASIS OF<br>CARRIAG<br>VALUE   | 5. TYPE   | 6. DS   | βE                  |
|   |  |  |  |   |   | x   |   |                     |
|   |  |  | ÷  | =   |   | X   | <u>=</u>  |                     |
|   |  |  |  |   |   | x<br>x  |   |                     |
|   |  |  | ÷  | =   |   | x   | =   |                     |
|   |  |  | ÷  | =   |   | x   | =   |                     |
|   |  |  | ÷<br>÷   | =   |   | x<br>x  | =   |                     |
|   | Add the DSEs of e  | F CATEGORY LAC Seach station. here and in line 2 of pa   |  | e,  |   | 0.00  |   |                     |
| Computation of DSEs for Substitute-Basis Stations                                   | Was carried by tions in effect (     Broadcast one space I).     Column 2: For at your option. This Column 3: Ent Column 4: Divi | your system in substion October 19, 1976 (or more live, nonnetwork each station give the sfigure should correser the number of days ide the figure in column   | itution for a program as shown by the lett ork programs during number of live, non spond with the inform in the calendar years 2 by the figure in      | that your system<br>er "P" in column in<br>that optional carri-<br>network programs<br>nation in space I.<br>Ir: 365, except in a<br>column 3, and give | was permitted to of space I); and age (as shown by as carried in substance) a leap year.  | rograms) if that station: o delete under FCC rules t the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions in | 2 of were deleted s than the third                | rm).                |
|   | •  | SUI  | BSTITUTE-BAS   | IS STATIONS   | S: COMPUTA  | ATION OF DSEs   | 1   | 1                   |
|   | SIGN   | . NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR  | 4. DSE  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR                   | 4. DSE              |
|   |  | ÷  |  |   |   | ÷   |   | =                   |
|   |  | ÷  |  |   |   | ÷   |   |                     |
|   |  | ÷  |  | =   |   | · · · · · · · · · · · · · · · · · · ·   | •   | =                   |
|   |  | ÷  |  | =   |   | ÷   |   | =                   |
|   | Add the DSEs of e  | F SUBSTITUTE-BASI<br>each station.<br>here and in line 3 of pa   |  | e,  |   | 0.00  | ]   |                     |
| <b>5</b> Total Number of DSEs   | number of DSEs ap<br>1. Number of DS<br>2. Number of DS  | OF DSEs: Give the am opticable to your system SEs from part 2 ● SEs from part 3 ● SEs from part 4 ●  |  | s in parts 2, 3, and  | 4 of this schedule  | e and add them to provide   | 0.00<br>0.00<br>0.00                              |                     |
|   | TOTAL NUMBER C   | DF DSEs  |  |   |   |   |   | 0.00                |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

| LEGAL NAME OF C  |   |  |  |  |  |  | S'  | YSTEM ID#<br>004764 | Name                                       |
|--|---|--|--|--|--|--|---|---------------------|--|
| Instructions: Blod<br>In block A:<br>• If your answer if<br>schedule.<br>• If your answer if | "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  |
|  |   |  | BLOCK A: T   | ELEVISION M.                               | ARKETS   |  |   |                     | Computation of<br>3.75 Fee                 |
| I <u> </u>   | 1981?   | schedule—[<br>C below.   | OO NOT COMI  | PLETE THE REM                              | AINDER OF  | PART 6 AND 7   | ·   | gulations in        | 3.731 66                                   |
|  |   |  |  |  |  |  |   |                     |  |
| Column 1:<br>CALL SIGN   | under FCC rules<br>instructions for th<br>Satellite Television  | and regulation<br>to DSE Sche<br>ton Extension   | ons prior to Jui<br>dule. (Note: Thand Localism  | •  | urther explana<br>efers to an e  | ation of permiti<br>xempt multicas   | ted stations, see t                                 | he                  |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE   | (Note the FCC rd<br>A Stations carrie<br>76.61(b)(c)]<br>B Specialty stati<br>C Noncommeric<br>D Grandfathered<br>instructions fo<br>E Carried pursus<br>*F A station pre | ed pursuant to as defined all educations of station (76. or DSE schedant to individually carried JHF station w | elations cited be to the FCC mand in 76.5(kk) (76.565) (see paragulule). Use water of Fed on a part-ting grade-Botton in the following from the fo | ne or substitute ba<br>contour, [76.59(d)( | ese in effect of 6.57, 76.59(b) e)(1), 76.63(a) referring betitution of goes is prior to Justin estimate the statement of the | on June 24, 198<br>b), 76.61(b)(c),<br>a) referring to 7<br>g to 76.61(d)<br>grandfathered s | 76.63(a) referring<br>76.61(e)(1<br>stations in the |                     |  |
| Column 3:  |   | e stations ide   | ntified by the I   | n parts 2, 3, and 4<br>etter "F" in column |  |  | worksheet on pag                                    | e 14 of             |  |
| 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS   | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS                      | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS                               | 3. DSE              |  |
|  |   |  |  |  |  |  |   |                     |  |
|  |   |  |  |  |  |  |   |                     |  |
|  |   |  |  |  |  |  |   |                     |  |
|  |   |  |  |  |  |  |   |                     |  |
|  |   |  |  |  |  |  |   |                     |  |
|  |   |  |  |  |  |  |   | 0.00                |  |
|  |   | В  | LOCK C: CO   | MPUTATION OF                               | 3.75 FEE   |  |   |                     |  |
| Line 1: Enter the  |   |  |  |  |  |  |   |                     |  |
| Line 2: Enter the  | sum of permitte   | d DSEs fro   | m block B abo  | ove  |  |  |   |                     |  |
| Line 3: Subtract<br>(If zero, l  |   |  |  | r of DSEs subjec<br>7 of this schedu       |  | 5 rate.  |   | 0.00                |  |
| Line 4: Enter gro  | ess receipts from   | space K (p   | age 7)   |  |  |  | x 0.03  | 375                 | Do any of the DSEs represent partially     |
| Line 5: Multiply li  | ine 4 by 0.0375 a   | and enter s  | um here  |  |  |  | x   |                     | permited/<br>partially<br>nonpermitted     |
| Line 6: Enter tota   | al number of DSI  | Es from line   | 3  |  |  |  |   | -                   | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply li  | ine 6 bv line 5 ar  | nd enter her   | e and on line  | 2, block 3, spac                           | e L (page 7)   | )  |   | 0.00                |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  004764 |                       |   |                 |                    |           |                 |                    |        |               |  |
|---|-----------------------|---|-----------------|--------------------|-----------|-----------------|--------------------|--------|---------------|--|
|   | 1                     | BLOCK                                   | A: TELEVI       | SION MARKETS       | S (CONTIN | UED)            |                    |        | _             |  |
| 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS | 3. DSE                                  | 1. CALL<br>SIGN | 2. PERMITTED BASIS | 3. DSE    | 1. CALL<br>SIGN | 2. PERMITTED BASIS | 3. DSE | 6             |  |
|   |                       |   |                 |                    |           |                 |                    |        | Computation o |  |
|   |                       |   |                 |                    |           |                 |                    |        | 5 6 1 66      |  |
|   |                       |   |                 |                    |           |                 |                    |        |               |  |
|   |                       |   |                 |                    |           |                 |                    |        |               |  |
|   |                       |   |                 |                    |           |                 |                    | •••••• |               |  |
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|   |                       |   |                 |                    |           |                 |                    |        |               |  |
|   |                       |   |                 |                    |           |                 |                    |        |               |  |
|   |                       | • |                 |                    |           |                 |                    | •••••• |               |  |
|   |                       |   |                 |                    |           |                 |                    | •••••• |               |  |
|   |                       |   |                 |                    |           |                 |                    |        |               |  |
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|   |                       |   |                 |                    | <b></b>   |                 |                    |        |               |  |
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|   |                       |   |                 |                    |           |                 |                    |        |               |  |
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|   |                       |   |                 |                    |           |                 |                    | •••••• |               |  |
|   |                       |   |                 |                    |           |                 |                    |        |               |  |

| Nama  | LEGAL NAME OF OWN  | IER OF CABLE   | SYSTEM:  |   |   |   |   |   |  |   | S   | YSTEM ID#        | ‡ |
|---|--|--|--|---|---|---|---|---|--|---|---|------------------|---|
| Name  | CEQUEL COM   | NUNICATIO  | ONS LLC  |   |   |   |   |   |  |   |   | 004764           | ţ |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.59 B—Late-night pri 76.61( S—Substitute car genera Column 5: Indicate Column 6: Compare in block  IMPORTANT: The  | or to June 25, call sign for eather DSE for the DSE for the accounting the basis of cCC rules and ecialty program (d)(1),76.61(e) (e)(3)). Carriage under all instructions the station's Ee the DSE figures and column 3 conformation you call information you call i | 1981, under ach distant shis station fig period an arriage on variage on variage on variage and variage under a certain FCC arriage under a certain FCC in the paper of the ures listed in of part 6 for the part of | er former station ic or a sing dyear ir which the cited be rriage, or 63 (referred der FCC) Crules, rer SA3 focurrent in column this stat | FCC rules go dentifed by the gle accounting in which the cale station was clow pertain to in a part-time bring to 76.61(e) rules, section regulations, or orm.  Tegulations, or orm.  2, 3, and 4 must general section. | ver<br>let<br>per<br>rria<br>carr<br>tho<br>pasi<br>)(1)<br>is 7<br>autriod<br>I lis  | rining<br>triod,<br>ge a<br>ried t<br>ose iris, of<br>(6.59)<br>thorized as | part-time and sub<br>F" in column 2 of p<br>occurring betwee<br>nd DSE occurred<br>by listing one of th<br>n effect on June 2-<br>specialty progran<br>(d)(3), 76.61(e)(3)<br>zations. For further<br>computed in parts<br>smaller of the two | ostitute carricant 6 of the n January 1 (e.g., 1981, le following 4, 1981, nming unde le explanation explanation 5 2, 3, and 4 of figures he | age. DSE schedule 1978 and Jun 1) letters  r FCC rules, se referring to on, see page (v | ene 30, 1<br>ections<br>vi) of the<br>ale<br>should b | 981<br>ne entere |   |
|   | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED   |  |  |   |   |   |   |   |  |   |   |                  |   |
|   | 1. CALL  | 2. PRIC  | OR   | 3. ACC  | OUNTING   |   | 4   | . BASIS OF  | 5. PF  | RESENT  | 6. P  | ERMITTED         |   |
|   | SIGN   | DSE  |  | PE  | RIOD  |   | (   | CARRIAGE  | I  | DSE   |   | DSE              |   |
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|   |  |  |  |   |   | ··  |   |   | <b>†</b>   |   |   |                  |   |
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|   |  |  |  |   |   |   |   |   |  |   |   |                  |   |
| Computation of the Syndicated Exclusivity   | Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carmed by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A.—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(e(f)), 76.59(e(f)), 76.59(e(f)), 76.50 (e(f)), 76.50 (e(f)), 76.50 (e(f)), 76.50 (effering to 76.51(e(f))), B.—Late-night programming: Carriage under FCC rules, sections 75.59(d(3)), 76.61(e)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e(f))). S.—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of this general instructions in the pager SA3 form.  Column 6: Compare the DSE figures issted in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fie in the Licensing Division.  PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE POR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE POR STATIONS CARRIED ON A PART-TIME AND SUB | 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.   |  |   |   |   |   |   |  |   |   |                  |   |
| Surcharge   |  | •  | •  | 100 majo  | r television ma   | rke   |   | _   |  | rules in effect J   | lune 24,  | 1981?            |   |
|   | Yes—Complete   | blocks B and   | IC.  |   |   |   | X   | . No-Proceed to   | part 8   |   |   |                  |   |
|   | BLOCK B: Ca  | arriage of VHI   | F/Grade B (  | Contour   | Stations  |   |   | BI OCI  | C. Compi   | itation of Exem   | not DSE   | <u> </u>         |   |
|   | Is any station listed in commercial VHF stati  | block B of pa  | art 6 the prir   | mary stre   | eam of a  | les governing part-time and substitute carriage. by the letter "F" in column 2 of part 6 of the DSE schedule unting period, occurring between January 1, 1978 and June 30, 1981 the carriage and DSE occurred (e.g., 1981/1) was carried by listing one of the following letters ain to those in effect on June 24, 1981. time basis, of specialty programming under FCC rules, section: 6.81(e)(1)). sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring tc ons, or authorizations. For further explanation, see page (vi) of the ding period as computed in parts 2, 3, and 4 of this schedule 15 and list the smaller of the two figures here. This figure should be entered 14 must be accurate and is subject to verification from the designater  CARRIED ON A PART-TIME AND SUBSTITUTE BASIS NG |   |   |  |   |   |                  |   |
|   | l <b>=</b>   |  |  | riate pern  | nitted DSE  |   | X   |   |  |   | ate permi   | tted DSE         |   |
|   | CALL SIGN  | DSF  | CALLS  | SIGN  | DSF   | 1   |   | CALL SIGN   | DSF  | CALLSIG   | an I  | DSF              |   |
|   | OALL SIGIV   | DOL  | OALL O   | JIOIN   | DOL   |   |   | CALL GIGIT  | DOL  | OALL OIC  | JIV.  | DOL              |   |
|   |  |  | -  |   |   |   |   |   |  | -   |   |                  |   |
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|   |  |  |  |   |   |   |   |   | <del> </del>   |   |   |                  |   |
|   |  |  | TOTAL  | DSEs  | በ በበ  |   | -   |   |  | TOTAL DO  | SFs.  | 0 00             |   |
|   |  |  | TOTAL  | DOES  | 0.00  | J   | l   |   |  | TOTAL DS  | )L'5  | 0.00             |   |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  | SYSTEM ID#<br>004764 | Name                      |
|---------------|---|----------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                      |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 3,761,141.63         | 7                         |
| Section 2     | A. Enter the total DSEs from block B of part 7  | 0.00                 | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00                 | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8  | 0.00                 | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |                      |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                      |                           |
| Section<br>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.    X   No—Complete the applicable section below.                        | 05                   |                           |
|               | 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | SE                   |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  |                      |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here  |                      |                           |
|               | D. Multiply line B by line C and enter here   |                      |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                      |                           |
| Section       |   |                      |                           |
| 3b            | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |                      |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  |                      |                           |
|               | C. Multiply line B by 3.000 and enter here  |                      |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)  |                      |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |                      |                           |
|               | F. Multiply line D by line E and enter here   |                      |                           |
|               | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                      |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                      |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |                      |                           |
| Section<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.  |                      |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | SE                   |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$   |                      |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here  |                      |                           |
|               | D. Multiply line B by line C and enter here   |                      |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge  |                      |                           |

| Name                      |   |  | STEM ID#   |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------|---|--|------------|--|--|--|--|--|--|--|--|--|--|--|
|                           | <u>'</u>  | CEQUEL COMMUNICATIONS LLC  | 004764     |  |  |  |  |  |  |  |  |  |  |  |
| 7                         | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |            |  |  |  |  |  |  |  |  |  |  |  |
| Computation of the        |   | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$  |            |  |  |  |  |  |  |  |  |  |  |  |
| Syndicated<br>Exclusivity |   | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$  |            |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge                 |   | C. Multiply line B by 3.000 and enter here   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | F. Multiply line D by line E and enter here  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | Syndicated Exclusivity Surcharge   | <u></u> .  |  |  |  |  |  |  |  |  |  |  |  |
| 8<br>Computation          | You m 6 was In blo  | inctions:  Insult 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.  Book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  But answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. |            |  |  |  |  |  |  |  |  |  |  |  |
| of<br>Base Rate Fee       | ,   | • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   |  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS   |  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           | Did 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 following sections.  |  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           | Section<br>1  | Enter the amount of gross receipts from space K (page 7) ▶ \$ 3,761,141.63   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           | 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<br>3  | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶ _ \$   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | B. Enter 0.00701 of gross receipts  (the amount in section 1)  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | D. Multiply line B by line C and enter here ▶ \$ -   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)   |            |  |  |  |  |  |  |  |  |  |  |  |
|                           |   | Base Rate Fee  | <u></u> l. |  |  |  |  |  |  |  |  |  |  |  |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

|                   | AME OF OWNER OF CABLE SYSTEM:  JEL COMMUNICATIONS LLC  | SYSTEM ID# 004764 | Name                                   |
|-------------------|--|-------------------|--|
| Section           | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.  |                   |  |
| 4                 | A. Enter 0.01064 of gross receipts  (the amount in section 1)  **Section 1.1**   |                   | 8                                      |
|                   | B. Enter 0.00701 of gross receipts (the amount in section 1)   ▶ \$  |                   | Computation<br>of<br>Base Rate Fee     |
|                   | C. Multiply line B by 3.000 and enter here   |                   | Duod Nato I oo                         |
|                   | 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 <b>\$</b>  |                   |  |
|                   | G. Add lines A, C, and F. This is your base rate fee.  Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  | 0.00              |  |
|                   | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca  |                   |  |
| Space             |  |                   | 9                                      |
| receipt           | <b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe<br>s from subscribers located within the station's local service area, from your system's total gross receipts. To take a   |                   | Computation of                         |
|                   | on, you must:  |                   | Base Rate Fee<br>and                   |
| station<br>DSEs a | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determined the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a state of the same rate fee for the same rate fee. | the number of     | Syndicated<br>Exclusivity<br>Surcharge |
| _                 | Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  If any portion of your cable system is located within the top 100 television market and the station is not exempt in   | nart 7 vou must   | for<br>Partially                       |
| also co           | mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.  |                   | Distant<br>Stations, and               |
|                   | Identify a Subscriber Group for Partially Distant Stations   |                   | for Partially<br>Permitted             |
|                   | For each community served, determine the local service area of each wholly distant and each partially distant state that community.  | tion you          | Stations                               |
| outside           | For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)   |                   |  |
| subscri           | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.  |                   |  |
| groups            | nting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.  | stem's subscriber |  |
|                   | ry the communities/areas represented by each subscriber group.   |                   |  |
| subscri           | he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.   | I of the          |  |
|                   | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it  | in parts 2, 3,    |  |
| 2) any            | f this schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l<br>6 of this schedule.   | olock B,          |  |
| •                 | ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                   |  |
|                   | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.  | instructions      |  |
| page.             | ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the<br>n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the<br>prothat group's complement of stations and total gross receipts from the subscribers in that group). You do not ne  | nat is, the total |  |

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

actual calculations on the form.

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004764 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE                             |                                    |                                   |            |                        |                  | S                          | YSTEM ID#<br>004764 | Name                      |
|--|------------------------------------|-----------------------------------|------------|------------------------|------------------|----------------------------|---------------------|---------------------------|
| В  |                                    | COMPUTATION OF<br>SUBSCRIBER GROU |            | TE FEES FOR EAC        |                  | IBER GROUP  SUBSCRIBER GRO | UP                  |                           |
| COMMUNITY/ AREA                                |                                    |                                   | 0          | COMMUNITY/ ARE         | 9<br>Computation |                            |                     |                           |
| CALL SIGN                                      | DSE                                | CALL SIGN                         | DSE        | CALL SIGN              | DSE              | CALL SIGN                  | DSE                 | of<br>Base Rate Fee       |
|  |                                    |                                   |            |                        |                  |                            |                     | and                       |
|  |                                    |                                   |            |                        |                  |                            |                     | Syndicated<br>Exclusivity |
|  |                                    |                                   |            | -                      |                  |                            |                     | Surcharge                 |
|  |                                    |                                   |            |                        |                  |                            |                     | for<br>Partially          |
|  |                                    |                                   |            |                        |                  |                            |                     | Distant                   |
|  |                                    |                                   |            |                        |                  |                            |                     | Stations                  |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
| Total DSEs                                     |                                    | <b>!!</b>                         | 0.00       | Total DSEs             |                  | !!                         | 0.00                |                           |
| Gross Receipts First G                         | iroup                              | \$                                | 0.00       | Gross Receipts Sec     | ond Group        | \$                         | 0.00                |                           |
| Base Rate Fee First G                          | roup                               | \$                                | 0.00       | Base Rate Fee Sec      | ond Group        | \$                         | 0.00                |                           |
|  |                                    | SUBSCRIBER GROU                   | •          |                        |                  | I SUBSCRIBER GRO           |                     |                           |
| COMMUNITY/ AREA                                |                                    |                                   | 0          | COMMUNITY/ ARE         |                  |                            |                     |                           |
| CALL SIGN                                      | DSE                                | CALL SIGN                         | DSE        | CALL SIGN              | DSE              | CALL SIGN                  | DSE                 |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
|  |                                    |                                   |            |                        |                  |                            |                     |                           |
| Total DSEs                                     |                                    |                                   | 0.00       | Total DSEs             |                  |                            | 0.00                |                           |
| Gross Receipts Third 0                         | Gross Receipts Third Group \$ 0.00 |                                   | 0.00       | Gross Receipts Fou     | rth Group        | \$                         | 0.00                |                           |
| Base Rate Fee Third (                          | Group                              | \$                                | 0.00       | Base Rate Fee Fou      | rth Group        | \$                         | 0.00                |                           |
| Page Pote Fore Addition                        | no hone == 1                       | to food for each sub-             | ribor ar   | on obours in the state | a above          | 1                          |                     |                           |
| Base Rate Fee: Add the Enter here and in block |                                    |                                   | nber group | as shown in the boxes  | abuve.           | \$                         | 0.00                |                           |

|                        | LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  004764 |                      |              |                       |             |                             |       |                           |  |
|------------------------|---|----------------------|--------------|-----------------------|-------------|-----------------------------|-------|---------------------------|--|
| В                      |   |                      |              | TE FEES FOR EAC       |             | RIBER GROUP  SUBSCRIBER GRO |       |                           |  |
| COMMUNITY ASS.         | FIRST   | SUBSCRIBER GRO       |              | COMMANDATE (ASS       | 9           |                             |       |                           |  |
| COMMUNITY/ AREA        |   |                      | 0            | COMMUNITY/ AREA       | Computation |                             |       |                           |  |
| CALL SIGN              | DSE   | CALL SIGN            | DSE          | CALL SIGN             | DSE         | CALL SIGN                   | DSE   | of                        |  |
|                        |   |                      |              |                       |             |                             |       | Base Rate Fee             |  |
|                        |   |                      | <u></u>      |                       |             | .                           |       | and                       |  |
|                        | <u></u>   |                      | <del></del>  |                       |             |                             |       | Syndicated<br>Exclusivity |  |
|                        |   |                      | -            |                       |             |                             |       | Surcharge                 |  |
|                        |   |                      |              |                       |             |                             |       | for                       |  |
|                        |   |                      |              |                       |             |                             |       | Partially                 |  |
|                        |   |                      | <u></u>      |                       |             |                             |       | Distant                   |  |
|                        | <u></u>   |                      | <u></u>      |                       |             | -                           |       | Stations                  |  |
|                        | <u></u>   |                      | <del>-</del> |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        |   |                      | <u> </u>     |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
| Total DSEs             |   |                      | 0.00         | Total DSEs            |             |                             | 0.00  |                           |  |
| Gross Receipts First C | Group   | \$                   | 0.00         | Gross Receipts Seco   | ond Group   | \$                          | 0.00  |                           |  |
| Base Rate Fee First G  | Group   | \$                   | 0.00         | Base Rate Fee Seco    | ond Group   | \$                          | 0.00  |                           |  |
|                        | THIRD   | SUBSCRIBER GRO       | UP           |                       | FOURTH      | SUBSCRIBER GRO              | UP    |                           |  |
| COMMUNITY/ AREA        |   |                      | 0            | COMMUNITY/ AREA       |             |                             |       |                           |  |
| CALL SIGN              | DSE   | CALL SIGN            | DSE          | CALL SIGN             | DSE         | CALL SIGN                   | DSE   |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        | <mark></mark>   |                      | <u></u>      |                       |             | <u> </u>                    |       |                           |  |
|                        |   | -                    | <u> </u>     |                       |             |                             |       |                           |  |
|                        |   |                      | <u> </u>     |                       |             |                             | ····· |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        | <u></u>   |                      | <u></u>      |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             | -                           |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
|                        |   |                      |              |                       |             |                             |       |                           |  |
| Total DSEs             |   |                      | 0.00         | Total DSEs            |             |                             | 0.00  |                           |  |
| Gross Receipts Third   | Group   | \$                   | 0.00         | Gross Receipts Four   | th Group    | \$                          | 0.00  |                           |  |
| Base Rate Fee Third    | Group   | ¢                    | 0.00         | Base Rate Fee Four    | th Group    | ¢                           | 0.00  |                           |  |
|                        | Стоир   | [\$                  | 0.00         | Dago Nate i 66 i oui  | Отоир       | \$                          | 0.00  |                           |  |
| Base Rate Fee: Add t   | he <b>base rat</b>  | e fees for each subs | criber aroun | as shown in the boxes | s above     |                             |       |                           |  |
| Enter here and in bloc |   |                      | and group    |                       |             | \$                          | 0.00  |                           |  |

ACCOUNTING PERIOD: 2018/1

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 004764 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown