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					
02/25/2019	\$ 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	2018/2									
Period										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting perion Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	BLUE RIDGE CABLE TECHNOLOGIES INC									
	Blue Ridge Communications									
				2795320182						
				27953 2018/2						
	PO BOX 215									
	PALMERTON, PA 18071									
	INSTRUCTIONS: In line 1, give any business or trade names used to id	lentify the busines	ss and operation of the syste	em unless these						
С	names already appear in space B. In line 2, give the mailing address of									
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	and the fret comm	aunity comed holous and rol	ist on none 1h						
_		only the irst comi	numity served below and rei	ist on page 1b						
Area Served	with all communities.	07475								
	CITY OR TOWN	STATE								
First Community	MILFORD	PA								
	Below is a sample for reporting communities if you report multiple cha			OLID ODD#						
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						
	-									

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

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **MILFORD** PA AB First **BERLIN TOWNSHIP** PA AA Community **BETHANY** PA AA **BLOOMING GROVE TOWNSHIP** PA AB 4 **CHERRY RIDGE TOWNSHIP** PA AA 1 **CLIFTON TOWNSHIP** PA AA See instructions for **COOLBAUGH TOWNSHIP** AA 3 PA additional information on alphabetization. **DAMASCUS** PA AA 1 **DAMASCUS TOWNSHIP** PA AA **DELAWARE TOWNSHIP** PA AB 2 **DINGMAN TOWNSHIP** PA AB Add rows as necessary. DREHER TOWNSHIP PA AA DYBERRY TOWNSHIP PA AA **GOULDSBORO** PA AA **GREENE TOWNSHIP** PA AB 4 **HAWLEY** PA AA **HEMLOCK FARMS** PA AB 4 **HONESDALE** PA AA LACKAWAXEN TOWNSHIP PA AB **LEHIGH TOWNSHIP** PA AA MILFORD TOWNSHIP PA AB **PALMYRA TOWNSHIP** PA AB 4 PAUPACK TOWNSHIP AA PA PORTER TOWNSHIP PA **AB** 4 SHOHOLA TOWNSHIP PA **AB** 4 **TEXAS TOWNSHIP** PA AA

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

BLUE RIDGE CABLE TECHNOLOGIES INC

SYSTEM ID#
27953

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2			
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:							
 Service to first set 	20,986	\$31.06/Mth					
 Service to additional set(s) 	36,822	\$.50/Mth					
 FM radio (if separate rate) 							
Motel, hotel			1 "				
Commercial	511	\$31.06/Mth	1 "				
Converter							
Residential							
Non-residential							
			7		1	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	\$16.95/Mth	Motel, hotel			
 Pay cable—add'l channel 	\$13.00/Mth	Commercial			
Fire protection		Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$ 49.95	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	\$ 49.95		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WABC** 7 Ν YES 0 **NEW YORK, NY WBRE** WILKES-BARRE, PA 28 Ν NO See instructions for additional information **WCBS** 2 Ν YES 0 **NEW YORK, NY** on alphabetization. **WNBC** Ν NO 4 **NEW YORK, NY WNEP** 16 Ν NO WILKES-BARRE, PA **WNET** 13 Ε YES 0 **NEW YORK, NY WOLF** 56 NO WILKES-BARRE, PA ı WPVI Ν 6 YES 0 PHILADELPHIA, PA NO **WQMY** 53 ı WILLIAMSPORT, PA **WQPX** 64 ı NO SCRANTON, PA **WSWB** 38 ı NO SCRANTON, PA **WVIA** 44 Ε YES 0 WILKES-BARRE, PA **WWOR** 9 I YES 0 **NEW YORK, NY WYOU** 22 Ν NO WILKES-BARRE, PA

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 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 AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WABC** 7 Ν YES 0 **NEW YORK, NY WCBS** 2 Ν YES 0 **NEW YORK, NY WJLP** NO 3 ı MIDDLETOWN, NJ **WMBC** 63 NO **NEWTON, NJ WNBC** 4 Ν NO **NEW YORK, NY** Ν **WNEP** 16 NO WILKES-BARRE, PA **WNET** Ε 13 YES **NEW YORK, NY** 0 WNJU 47 ı NO LINDEN, NJ **WNYW** 5 NO **NEW YORK, NY** ı WOLF 56 ı NO WILKES-BARRE, PA **WPIX** 11 ı NO **NEW YORK, NY WVIA** 44 Ε YES **WILKES-BARRE, PA** 0 **WWOR** 9 ı NO **NEW YORK, NY**

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
BLUE RIDGE C	ABLE TECH	INOLOGIE	SINC			27953	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only 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) end (4) (4) en							
		CHANN	EL LINE UD	AC			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
							
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	• • • • • • • • • • • • • • • • • • • •						
	<u> </u>						

FURM SAJE. PAGE 3.					OVOTEM ID#			
BLUE RIDGE C			S INC		SYSTEM ID# 27953	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servic Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC.	CC rules, regular here in space only on a subs and also in spatioformation concurr. The station's call associated with a cash case where a cash case we entering the least, "E" (for nease terms, see ation is outside to earea, see parave entered "Ye he distant static ion on a part-tilicion of a distant tate of the entered into on a primary trans simulcasts, also ree categories e location of ea Canadian station.	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read that is a station ace streams must be the FCC has, WRC is Change (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast stream or before Jumitter or an ace on enter "E". If , see page (v) ch station. Foons, if any, giv	orizations: It it in space I (the ation was carried to the basis station report origination or be reported in the carried assaughed to the station is a network and annel 4 in Wash returned in the station is a network of the general instruction of the station of the station representation of the general in the station of the general in the station representation of the general in true. Stations, the the name of the station was considered the stations, the stations, the stations is the stations.	e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statington, D.C. This interest of the television statington, D.C. This interest on the television statington, D.C. This interest of the television statington, D.C. This interest on the television statington, D.C. This interest of the television statington, D.C. This interest on the television stating	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The	Television		
Note: If you are utilizing	ng multiple char		use a separate		channel line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
BLUE RIDGE C	ABLE TECH	INOLOGIE	S INC		27953	Nume	
PRIMARY TRANSMITTE	ERS: TELEVISIO)N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(d)(2) and (4), 76,61(e)(2) and (4), or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream 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-N" (for network multicast), "I" (for independent), "LM" (for i							
					. ,		
,			•	• .	,		
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	d in the paper SA3 form.		
				•	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AE			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
	•						
	•						

FORM SA3E. PAGE 3.					0)/0==14.15.//	T	
LEGAL NAME OF OWN			0.1110		SYSTEM ID#	Name	
			SINC		27953		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel							
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 cha							
		CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	†				<u> </u>		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Namo		
BLUE RIDGE C	ABLE TECH	INOLOGIE	SINC		27953			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 076.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "If (for independent), "I-M" (for indep								
carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	ion on a part-tir ion of a distant entered into or a primary trans simulcasts, also aree categories e location of ea	me basis becamulticast strendr or before Jumitter or an asponenter "E". If a see page (v) ch station. Fo	ause of lack of a eam that is not some 30, 2009, be association repre you carried the of the general in r U.S. stations,	activated channel of subject to a royalty etween a cable sys- senting the primal channel on any of instructions locate list the community	capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form.			
				•	which the station is identifed.			
Note: If you are utilizing	ig multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
	1	CHANN	EL LINE-UP	AG				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)		_		
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	+ ·····				4	4		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
BLUE RIDGE C	ABLE TECH	INOLOGIE	S INC			27953	rume
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)/2] and (4), 76.61(e)/2) and (4), 76.61(e							
Trotter in you and anniem	.9	•	•	•	onamio apr		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Namo	
BLUE RIDGE C	ABLE TECH	INOLOGIE	S INC		27953	1141110	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine effect or a consistency or a consi	ne accounting In June 24, 198 4), or 76.63 (r d in the next prespect to any authors, or auth G—but do list titute basis. Ince I, if the sta erning substit sign. Do not r in a station acc streams must over the FCC h	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ow- be reported in of as assigned to	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics).	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in	G Primary Transmitters: Television	
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 identifed.							
		CHANN	EL LINE-UP	Al		1	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					2/2====	T	
LEGAL NAME OF OWN			0.1110		SYSTEM ID#	Name	
			SINC		27953		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
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		CHANN	EL LINE-UP	AJ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURM SAJE. PAGE 3.					OVOTEM ID#	
BLUE RIDGE C			S INC		SYSTEM ID# 27953	Name
PRIMARY TRANSMITTI	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during to ions in effect of 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servic Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	CC rules, regular here in space only on a substand also in space formation concern. The station's call associated with a channel number of the station's call associated with the ineach case of the station is outsided to the concern of the concern	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read to a station ace streams must be the FCC has, WRC is Change (v) of the the local servage (v) of the the local servage (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given it to list the local servage (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given in the station of t	tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network ation is a network ation is a network (i.e. "General instruction of the ation is a network (i.e. "General instruction of the ation is a network (i.e. "General instruction of the ation of the general instruction of the general in	e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statington, D.C. This limit of t	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). in paper SA3 form. is atting the basis on which your ering "LAC" if your cable system capacity. In payment because it is the subject stem or an association representing ty transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identifed.	Television
Treatm year are annum	.ga.up.o oa.	•	EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
BLUE RIDGE C	ABLE TECH	INOLOGIE	S INC		27953	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for						
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C	a primary transi simulcasts, also ree categories, e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, give	ssociation repre you carried the of the general in U.S. stations, e the name of the	senting the primar channel on any ot instructions locate list the community ne community with	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	g multiple char		•		channel line-up.	
	<u> </u>	CHANN	EL LINE-UP	AL		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	 	 		 	J	

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	D# Name
BLUE RIDGE CABLE TECHNOLOGIES INC 2795	53
PRIMARY TRANSMITTERS: TELEVISION	
PRIMARY TRANSMITTERS: TELEVISION	Primary Transmitters: Television
CHANNEL LINE UD AM	\dashv
1. CALL SIGN 2. B'CAST CHANNEL OF NUMBER STATION CHANNEL LINE-UP AM 4. DISTANT? (Yes or No) CARRIAGE (If Distant) 6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYST	FEM ID#	Name
BLUE RIDGE C	ABLE TECH	INOLOGIE	S INC			27953	rume
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(y television standard page (v) of the local servage (v) of the local se	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stion of the stions, as the stion of the	(1) stations carried ec carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This light of the television statington, D.C. This light of the television statington, one the television statington on the television st	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	inm	Primary Transmitters: Television
Note: If you are utilizing	ig manapio onai	•	•	•	опанногино ар.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FURM SAJE. PAGE 3.					OVOTEM ID#			
BLUE RIDGE C			S INC		SYSTEM ID# 27953	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
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Note: If you are utilizing	ng multiple char		use a separate EL LINE-UP		channel line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
BLUE RIDGE C	ABLE TECH	INOLOGIE	SINC			27953	Nume
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Passis Subasis under specifc FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiful For the meaning of the Column 4: If the st planation of local serving Column 5: If you heach carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ERS: TELEVISIO G, identify even system during the ions in effect or 0.61(e)(2) and (sis, as explaine stations: With 100 certains and also in sparaformation concurs. In station's call associated with experimental certains as the experimental certains as the experimental certain is outside to a primary transistinulcasts, also a primary transistinulcasts, also are categories as considered as a considered categories as considered as a c	y television stane accounting an June 24, 1964), or 76.63 (rd in the next prespect to any stions, or auth G—but do list itute basis. In the stane aring substitute basis. In the stane aring substitute basis. In the stane account of the station account of the station. In the station account of the station. In the station account of the station. In the station are station. In the station of the station. In the station of the station of the station of the station. In the station of the station of the station.	ation (including period, except 81, permitting the referring to 76.6 paragraph. If the ation was carried ute basis station eport origination cording to its own be reported in the ation is a network), "N-M" (I educational), or egeneral instruct 4, you must cor accounting period as as assigned to a general instruct 4, you must cor accounting period accou	(1) stations carried the carriage of certain (e) (2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on program service the er-the-air designation of the television statistical program of the television of the television statistical program of the television of the television statistica	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system) a am fy cial	Primary Transmitters: Television
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FURINI SAJE. PAGE 3.					OVOTEM ID#	
BLUE RIDGE C			SINC		SYSTEM ID# 27953	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas	ystem during to ons in effect or .61(e)(2) and (is, as explaine	he accounting n June 24, 19 4), or 76.63 (i d in the next	period, except 81, permitting the eferring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
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		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
BLUE RIDGE C	ABLE TECH	INOLOGIE	SINC			27953	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasis Substitute Pasis Pas	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(y television standard page (v) of the local servage (v) of the local se	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried to the station was carried to the station was station to the period of the station is a network of the station is a network of the station is a network of the stational, of the stational of the stational of the station is a network of the stational of the stations, the stations, the stations, the stations, the stations, the stations of the stations, the stations, the stations, the stations of the stations of the stations, the stations of the stations of the stations, the stations of the statio	(1) stations carried to carriage of cert 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitute, see page (v) of the program service to the television statington, D.C. This the television statington, D.C. This the station, an indefor network multion "E-M" (for noncontrol located in the interest of the television should be the television statington, but the television should be the television should be the televisions located in the interest of the televisions located in the television located	es". If not, enter "No". For an ex- expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by n which the station is identifed.	a nm y	Primary Transmitters: Television
Note: If you are utilizing	<u> </u>	•	•	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FURINI SAJE. PAGE 3.					OVOTEM ID#	
BLUE RIDGE C			S INC		SYSTEM ID# 27953	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to ions in effect of 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in space formation concern. The station's call associated with a channel number of the station's call associated with the ineach case of the station is outsided to the concern of the concern	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read to a station ace streams must be the FCC has, WRC is Change (v) of the the local servage (v) of the the local servage (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given it to list the local servage (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given in the station of t	tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network ation is a network ation is a network (i.e. "General instruction of the ation is a network (i.e. "General instruction of the ation is a network (i.e. "General instruction of the ation of the general instruction of the general in	e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statington, D.C. This limit of t	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel upendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). In paper SA3 form. In the basis on which your dering "LAC" if your cable system derapacity. In payment because it is the subject tetem or an association representing the type the system of the s	Television
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
BLUE RIDGE C	ABLE TECH	HNOLOGIE	S INC		27953	Nume
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "\textit" (for network), "\textit\"-\textit\" (for netpendent), "I-\textit\" (for in						
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C	a primary trans simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repre you carried the of the general in U.S. stations, e the name of the	senting the primar channel on any ot instructions locate list the community ne community with	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ig multiple chai		•		channel line-up.	
		CHANN	EL LINE-UP	Al		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					OVOTEM ID#			
BLUE RIDGE C			S INC		SYSTEM ID# 27953	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C	CC rules, regular here in space only on a subs and also in spatformation concurr. The station's call associated with associated with associated with a channel number of the in each case we entered "Ye in edistant station on a part-tilicion of a distant in entered into on a primary trans is simulcasts, also ree categories elocation of each canadian station canadian station canadian station of a canadian station canadian canadi	ations, or auth G—but do list titute basis. ace I, if the staterning substit sign. Do not read a streams must be the FCC has, WRC is Chane station. Whether the station. Whether the station acrommercial page (v) of the the local servage (v) of the esa' in column on during the care multicast stream or before Jumitter or an acrommercial content of the column or during the care multicast stream or before Jumitter or an acrommercial content etc. If the see page (v) ch station. For ons, if any, given	orizations: It it in space I (the strict of the space I (the strict of the space I) It it in space I (the strict of the space I) It is space I (the strict of the space I) It is space I (the space I) It is space I (e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statington, D.C. This interest of the television statington, D.C. This interest on the television statington, D.C. This interest of the television statington, D.C. This interest on the television statington, D.C. This interest of the television statington, D.C. This interest on the television stating	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The	Television		
Note: If you are utilizing	ig multiple chai		use a separate :		cnannei iine-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
BLUE RIDGE C	ABLE TECH	INOLOGIE	S INC			27953	rume
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis P	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(y television standard page (v) of the local servage (v) of the local se	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stion of the stions, as the stion of the	(1) stations carried ec carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This light of the television statington, D.C. This light of the television statington, one the television statington on the television st	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	a nm y	Primary Transmitters: Television
Note: If you are utilizing	ig manapio onai	•	•	•	onamo mo ap.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					0./0====	T
LEGAL NAME OF OWN			0 1110		SYSTEM ID#	Name
			SINC		2/953	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WBC is Channel 4 in Washington, D.C. This may be different from the channel						
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), "1" (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						
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
		l				

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Primary Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN LOCATION OF STATION AM or FM S/D AM or FM S/D **WAXQ FM NEW YORK, NY WCBS FM NEW YORK, NY** WHTZ **FM NEWARK, NJ** WHUD PEEKSKILL, NY FM **WNCY NEW YORK, NY** FM WNEW FΜ **NEW YORK, NY WNJO FM NEW YORK, NY** WNJP **FM** SUSSEX, NJ WNNJ FM **NEWTON, NJ** WODE FM ALLENTOWN, PA WPAT **FM** PATTERSON, NJ **WQXR** FΜ **NEW YORK, NY WRJP** FΜ PORT JERVIS, NY WTSK FΜ PORT JERVIS, NY **WXRK** FΜ **NEW YORK, NY**

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018
LEGAL NAME OF OWNER OF BLUE RIDGE CABLE						;	SYSTEM ID# 27953	Name
SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	IT AND PROGRAM LOC	;				
In General: In space I, ident substitute basis during the a explanation of the programn	ccounting pening that mus	eriod, under spe st be included in	ecific present and former FC n this log, see page (v) of the	C rules, regula	ations, or aut	horizations.	For a further	Substitute
 SPECIAL STATEMEN During the accounting per 				is, any nonne	twork televis	sion progran	n	Carriage: Special
broadcast by a distant sta	tion?	•	•	•		Yes	XNo	Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTION 3. LOG OF SUBSTITUTION 4. LOG OF SUBSTIT 4. LOG OF SUBSTITUTION 4. LOG OF SUBSTITUTION 4. LOG OF SUBS			ge blank. If your answer is	"Yes," you mu	ist complete	the prograi	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the prograic Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the moifirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	of every nor distant static gulations, o otion. Do no Lucy" or "NE m was broad sign of the sadcast static adian static and and and day we "5/7." es when the Example: a er "R" if the and regulatic rogramming	nnetwork televion and that your authorization to use general of the Basketball: deast live, enter station broadca on's location (thous, if any, the when your system of program carrillisted program ons in effect du	ision program (substitute pur cable system substitutes. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter "lasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	ed for the progneral instruction "basketball". No." station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that yel; enter the let	ramming of ns located in List specific nsed by the stiffed). numerals, value time 8:30 p.m. shour system value "P" if the	another stand the paper coprogram FCC or, in with the more accurate a could be was required listed pro	nth ly	
	SUBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES - TO	DELETION	

ACCOUNTING PERIOD: 2018/2 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name				
BLU	JE RIDGE CABLE TECHNOLOGIES INC		27953					
Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Service (as identified in space E) during the accounting period in space P concerning 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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line 1	of					
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be ${\sf G}$ low.	entered on line 2 in	n block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on	line					
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 fee 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	\$	4,558,701.90					
	Enter the result here. This is your minimum fee.	\$	48,504.59					
	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 colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion in the column in t	nn 4, you must cho	eck					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	29,100.81					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		14,288.94					
	Line 3. Add lines 1 and 2 and enter here	\$	43,389.74					
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	\$	48,504.59	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	49,229.59	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	•					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	BLUE RIDGE CABLE TECHNOLOGIES INC	27953								
	CHANNELS									
M	tions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Citatilleis	Enter the total number of channels on which the cable	40								
	system carried television broadcast stations	19								
	Enter the total number of activated channels on which the cable system carried television broadcast stations									
	and nonbroadcast services	78								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
	we can contact about this statement of account.)									
Individual to Be Contacted										
for Further	Name Carl Litwin Telephone	610-826-9109								
Information										
	Address PO Box 215									
	(Number, street, rural route, apartment, or suite number)									
	Palmerton, Pa 18071 (City, town, state, zip)									
	(City, town, state, zip)									
	Email clitwin@pencor.com Fax (optional)									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regu	ulations.								
0										
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	R· or								
	(Owner other trial corporation of partnership) Fain the owner of the cable system as identified in line 1 of space	Б, 01								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	system as identified								
	in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow	ner of the cable system								
	in line 1 of space B.									
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	ed herein								
	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)]									
	/s/ David L. Masenheimer									
	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									
		compatibility octained.								
	Typed or printed name: David Masenheimer									
	Title: President									
	(Title of official position held in corporation or partnership)									
	Date: February 7, 2019									
	Date: February 7, 2019									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 2795	Nomo
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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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)	_
** 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: 2018/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that be all the control of the control of the control of the BOT.	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
;	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 DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	00.004.00

		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)

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
1	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:			S	STEM ID#					
	BLUE RIDGE CABLE T	ECHNOLOGIE	S INC			27953					
	SUM OF DSEs OF CATEGO										
	 Add the DSEs of each static 										
	Enter the sum here and in lin	s schedule.	ļ	2.25							
•	Instructions:					•					
2		the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
Computation	of space G (page 3). In the column headed "DSF	space G (page 3). the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
of DSEs for	mercial educational station, g			2 40 1.0 , 101 0	don network of noncom						
Category "O"			CATEGORY "O" STATION	IS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WABC	0.250									
	WCBS	0.250									
	WNET	0.250									
	WPVI	0.250									
	WVIA	0.250									
Add rows as	WWOR	1.000									
necessary.				[
Remember to copy		···									
all formula into new		···									
rows.		···									
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				ll.							

Name		WNER OF CABLE SYSTEM:					502.00	SYSTEM ID#			
Name	BLUE RIDGE	CABLE TECHNOL	OGIES INC					27953			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.										
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN 2. NUMBER OF HOURS OF HOURS CARRIED BY SYSTEM ON AIR 4. BASIS OF CARRIAGE VALUE 6. DSE										
			÷ -		= -						
			÷		= =	x x	<u>-</u>				
			÷		=	x	=				
			÷		=	x	=				
			÷ ÷		= -		= =				
			÷			x	= =				
	Add the DSEs of	OF CATEGORY LAC Soft each station. In here and in line 2 of p		edule,			0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferances to space I). Column 2: Fat your option. Column 3: Eat your option. Column 4: I	e the call sign of each st by your system in subst ct on October 19, 1976 on the or more live, nonnetwe for each station give the light figure should correct center the number of days Divide the figure in column this is the station's DSE	itution for a prog as shown by the ork programs du number of live, spond with the ii s in the calendar (For more inforr	gram that your systen e letter "P" in column ring that optional carr nonnetwork program nformation in space I r year: 365, except in e in column 3, and gi mation on rounding, s	n was permitted 7 of space I); ar iage (as shown b is carried in subs a leap year. we the result in c see page (viii) of	to delete under FC Id If the word "Yes" in c stitution for program column 4. Round to the general instruc	C rules and regular- olumn 2 of ns that were deleted no less than the thi tions in the paper S.	d rd			
				BASIS STATION	I	ATION OF DSE					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBEI OF DAYS IN YEAR	3	1. CALL SIGN	2. NUMBER OF PROGRA	OF DA	YS			
		4	-	=			÷	=			
		4	+	=			÷	=			
			+				÷	=			
			÷	=			÷	= =			
	Add the DSEs of	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p		edule,	▶		0.00				
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the am applicable to your syster DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		oxes in parts 2, 3, and	4 of this schedu	le and add them to p	2.25 0.00 0.00	2.25			

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/2

LEGAL NAME OF C			LINC				S	YSTEM ID# 27953	Name
								2/955	
Instructions: Block A:									•
 If your answer if schedule. 	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			FEL EVILOLON M	ADICETO				Computation of
Is the cable system	m located wholly o			TELEVISION M.		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,	1981?		,				·	guiduoi io iii	
	•		OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7	•		
X No—Comp	lete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jui dule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	ules and regu ed pursuant t	lations cited boot the FCC ma	asis on which you on elow pertain to tho orket quota rules [7 (6.59(d)(1), 76.61(se in effect or 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	ı tc	
	C Noncommeric D Grandfathered instructions for E Carried pursua	cal educational distation (76.6 or DSE sched ant to individual)	al station [76.5 65) (see paragule). ual waiver of F	9(c), 76.61(d), 76. graph regarding su CC rules (76.7)	63(a) referring bstitution of g	g to 76.61(d) randfathered s			
	•	JHF station w	ithin grade-B	ne or substitute ba contour, [76.59(d)(eam.	•		ferring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WCBS WABC	D	0.25							
WNET	D C	0.25 0.25					<u> </u>		
WVIA	D	0.25					†		
WWOR	Α	1.00							
								2.00	
		В	LOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the									
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	ı space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

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	OWNER OF CABLE		S INC				S	YSTEM ID# 27953	Name
	_	BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)	_		_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									0.70100
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Name	BLUE RIDGE C			IC					S	*YSTEM ID# 27953
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You is stations carried pric Column 1: List the c Column 3: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fo A—Part-time spr 76.59(B—Late-night pr 76.61(S—Substitute ca general Column 5: Indicate Column 6: Comparin block	must complete or to June 25, 2 call sign for ea the DSE for the accounting the basis of call call y program (d)(1),76.61(e) (rogramming: C(e)(3)). Carriage under call instructions at instructions the station's De the DSE figure B, column 3 or information your call instructions at the station's De the DSE figure B, column 3 or information your call instructions at the station's De the DSE figure B, column 3 or information your call instructions at the station's De the DSE figure B, column 3 or information your call instructions are the programmed that the call instructions are the cal	this worksheet for 1981, under former ch distant station is station for a sing period and year i arriage on which the egulations cited be niming: Carriage, of (1), or 76.63 (referentiations) (1), or 76.63 (referentiations) (1), or 76.63 (referentiations) (1), or 76.63 (referentiations) (2), or 76.63 (referentiations) (3), or 76.63 (referentiations) (1), or 76.63 (referentiations) (2), or 76.63 (referentiations) (3), or 76.63 (referentiations)	r those stations r FCC rules gover dentifed by the gle accounting in which the care estation was delow pertain to the prince of the control o	veri leti per rria carr tho asi:)(1) s 7 aut rioc	entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of these in effect on June 24 s, of specialty program)). 6.59(d)(3), 76.61(e)(3) thorizations. For further d as computed in parts the smaller of the two see accurate and is subject of the subject of	stitute carri part 6 of the n January 1 (e.g., 1981, e following I, 1981, aming unde n, or 76.63 (r explanation 2, 3, and 4 o figures he	age. DSE schedule 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedule re. This figure	ene 30, 11 ections vi) of the should be	e., those 981 De enteres
	4 0011				ED	ON A PART-TIME AN			0.5	
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	3.3.1	302				0, 11 11 10 10 1				
									••••••	
Computation of the Syndicated	•	"Yes," comple	te blocks B and C, ocks B and C blant	k and complete		art 8 of the DSE sched				
Exclusivity			BLOCI	X A. IVIAJOIX	1 L	LLVISION WARK	<u></u>			
Surcharge	Is any portion of the or	cable system w	ithin a top 100 majo	or television mar	rket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	C .			No—Proceed to	part 8			
	DI OOK D: O	i 	10	01-1:	٦	DI OOI		.t-#:f F	4 DOE	
		-	/Grade B Contour					itation of Exem	•	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	' '			Was any station listed nity served by the cab to former FCC rule 76	le system p			
	 		n its appropriate peri	mitted DSE		Yes—List each st			ate permi	itted DSE
	X No—Enter zero a	and proceed to p	oart 8.			X No—Enter zero a	nd proceed t	to part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
		ļ								
				ļ						
		<u> </u>	TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC	SYSTEM ID# 27953	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,558,701.90	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 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.		
	OF OTION A OF COMP SO TELEWOOD MARKET		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	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		

	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		BLUE RIDGE CABLE TECHNOLOGIES INC	27953
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You me 6 was 6 In blo If you If you blank What i	s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers potentially distant 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.	w
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section	BEGORD: NOT ARTHURET BIOTART OF MINOR OF BAGETATIETEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶	_
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	_
		D. Multiply line B by line C and enter here	_
		Base Rate Fee	0.00
	I		

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Maria
BLUE	RIDGE CABLE TECHNOLOGIES INC	27953	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **State		
		_	
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$\bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigse		Computation of
			Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ ▶		
	F. Multiply line D by line E and enter here > \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee \$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	est signale shall	
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel	•	9
Space In Gen	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee	e to exclude	_
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
exclusi	on, you must:		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity 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 particular to the system.	nort 7 vou must	for
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be		Partially Distant
-	cable system is wholly located outside all major television markets, complete block A only.		Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant star	tion you	Permitted
	to that community.	iion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot 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.)		
•	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 th will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
Comp ugroups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
	section:		
	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al	l of the	
	bers in the group.	or the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in fthis schedule; or,	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
• Add tl	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 is paper SA3 form.	nstructions	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the in making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necestalculations on the form.	at is, the total	

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DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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Computa SE of	IP					INOLOGIES INC	BLE TECH	BLUE RIDGE CAB
Computa SE of	IP	BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A:	В
Computa SE of		SUBSCRIBER GROU	SECOND S		Р	SUBSCRIBER GROU	FIRST	
SE of		Delaware Twp,Din	Milford,D	COMMUNITY/ AREA		County	Wayne	COMMUNITY/ AREA
Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and					†		0.25	WCBS
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00	0.00	\$	d Group	Base Rate Fee Secon	,230.23	\$ 24,	roup	Base Rate Fee First G
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e,Gı	g Grove,G	k Farms,Blooming	Hemlock	COMMUNITY/ AREA		ugh Township	Coolba	COMMUNITY/ AREA
SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			0.25	WNET			0.25	NABC
							0.25	WNET
							1.00	NWOR
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			<u> </u>	Total DSEs	1.50			Fotal DSEs
25	0.25			III Olai DOLO				
	0.25							
	0.25 38,714.85	\$ 1,73	Group	Gross Receipts Fourtl	,363.00	\$ 17,	Group	Gross Receipts Third C

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP SI	LEGAL NAME OF OWI BLUE RIDGE CA						S	YSTEM ID# 27953	Name
CALL SIGN DSE CALL SIGN		BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE			SUBSCRIBER GRO				SUBSCRIBER GROU		۵
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Exclusivity Surcharge for partially Distant Stations Total DSEs 0.00 Gross Receipts Second Group Seventh Subscriber Group CALL SIGN DSE CALL			ļ						
Surcharg for Partially Distant Stations Total DSEs									
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Cotal DSEs Otal DSEs					·				
Stations Total DSEs Gross Receipts Second Group SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DS									
Total DSEs Octal			_						Distant
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Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL	otal DSEs			0.00	Total DSEs			0.00	
Sase Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL	Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE		о.очр			C. 555 1555.pts 555	ona oroap	<u>*</u>		
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	I SUBSCRIBER GROU	JP	
Total DSEs October Services Receipts Third Group South Services	COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	Α		0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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								-	
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	Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
	Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	CABLE SYS	OGIES INC				S	27953	Name
				ATE FEES FOR EAC				
	NTH SUBS	CRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	***************************************		0	Computa
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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	·····		<u></u>		·····			
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Fotal DSEs	1.1		0.00	Total DSEs	!	**	0.00	
Gross Receipts First Group	•		0.00	Gross Receipts Sec	and Croup	<u> </u>	0.00	
510SS Receipts First Group	\$		0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Group	\$		0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ELEVE	NTH SUBS	CRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
CALL SIGN DS	E CAI	LL SIGN	DSE	CALL SIGN		CALL SIGN		
	E CAI	LL SIGN	DSE	Total DSEs		CALL SIGN		
Fotal DSEs	E CAI	LL SIGN			DSE	CALL SIGN	DSE	
Fotal DSEs		LL SIGN	0.00	Total DSEs	DSE		DSE	
CALL SIGN DS CALL SIGN DS Fotal DSEs Gross Receipts Third Group		LL SIGN	0.00	Total DSEs	DSE		DSE	

	BLE SYSTEM: CHNOLOGIES INC	C			S	YSTEM ID# 27953	Name
BLOCK A	: COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCR	RIBER GROUP		
	H SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
							Exclusivi Surcharç
		····		•••••		·····	for
							Partially
							Distant
							Stations
·······							
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FIFTEENT	H SUBSCRIBER GRO	OUP			SUBSCRIBER GROU	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Fotal DSEs		0.00	Total DSEs			0.00	
	S	0.00	Total DSEs Gross Receipts Fol	urth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group				urth Group	\$		

	HNOLOGIES INC				3	27953	Name
BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
							and
					-		Syndicate
<u> </u>						····	Exclusivit Surcharg
				·····	-		for
							Partially
							Distant
							Stations
				·····	-		
					-		
					<u> </u>		
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Sicoo recoupte i not Group	<u>*</u>		- Cross resolpts est	ona Group			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINTEENTE	L OLIDOODIDED ODG	NIID.	II				
INITELITI	I SUBSCRIBER GRO	JUP		TWENTIETH	SUBSCRIBER GROU	JP	
	1 SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	
	CALL SIGN		111		SUBSCRIBER GROU		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE CALL SIGN DSE		DSE	COMMUNITY/ ARE	DSE		DSE	
COMMUNITY/ AREA	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN DSE	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

TECHNOLOGIES INC 27953		;			LEGAL NAME OF OWN BLUE RIDGE CA
K A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	FEES FOR EACH SUBSCRIBER GROUP	F BASE RAT	COMPUTATION C	BLOCK A:	F
IRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP			SUBSCRIBER GRO		
O COMMUNITY/ AREA O	OMMUNITY/ AREA	0		REA	COMMUNITY/ AREA
		DSE		DSE	CALL SIGN
			-		
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			-		
		···			
	······				
			-		
	otal DSEs	0.00			Total DSEs
\$ 0.00 Gross Receipts Second Group \$ 0.00	iross Receipts Second Group \$	0.00	\$	First Group	Gross Receipts First (
\$ 0.00 Base Rate Fee Second Group \$ 0.00	ase Rate Fee Second Group \$	0.00	\$	First Group	Base Rate Fee First (
HIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER	UP	SUBSCRIBER GRO	WENTY-THIRD	TWEN
0 COMMUNITY/ AREA 0	OMMUNITY/ AREA	0		REA	COMMUNITY/ AREA
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-		
				·····	
			'		
0.00 Total DSEs 0.00	otal DSEs	0.00			
		_	\$	Third Group	
		_	\$	Third Group	Fotal DSEs Gross Receipts Third

	COMPUTATION C					27953	Nam
			ATE FEES FOR EAG				
COMMUNITY/ AREA	H SUBSCRIBER GRO		††		I SUBSCRIBER GROU	JP 0	9
		0	COMMUNITY/ ARE	Comput			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and
······································		<mark></mark>		·····			Syndica Exclusi
							Surcha
							for
							Partial
							Distar
				·····			Statio
		····		·····		····	
		····		•••••			
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						1	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	H SUBSCRIBER GRO		II		I SUBSCRIBER GROU		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	.A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		····				<u></u>	
	·						
				·····			
		····		·····		····	
	·						
		0.00	Total DSEs			0.00	
otal DSEs	•	0.00	Gross Receipts Fou	irth Group	•	0.00	
		0.00	Oloss Receipts Fot	nui Gioup	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$					-	

E TECHNOLOGIES INC 27953	Name
OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
7-NINTH SUBSCRIBER GROUP THIRTIETH SUBSCRIBER GROUP	9
0 COMMUNITY/ AREA 0	Computat
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate
	and
	Syndicate
	Exclusivi Surcharg
	for
	Partially
	Distant
	Stations
sup \$ 0.00 Gross Receipts Second Group \$ 0.00	
sup \$ 0.00 Base Rate Fee Second Group \$ 0.00	
Y-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP	
0 COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	

BLUE RIDGE CAE						S	YSTEM ID# 27953	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACI		RIBER GROUP I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity
					<u></u>			Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	RTY-FIFTH	SUBSCRIBER GRO		II		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

	SYSTEM 279							BLUE RIDGE CAB
COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	R GROUP	RIBER GRO	CH SUBSCE	TE FEES FOR EA	BASE RA	COMPUTATION O	LOCK A: (Bl
SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP	SCRIBER GROUP	1 SUBSCRIB		Ħ		SUBSCRIBER GRO	SEVENTH	
0 COMMUNITY/ AREA 0 Co		COMMUNITY/ AR	0			COMMUNITY/ AREA		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE		11			DSE	CALL SIGN	DSE	CALL SIGN
Ba								
<u> </u>							<u> </u>	
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<u> </u>			<u>.</u>				<mark></mark>	
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			•••••				···	
0.00 Total DSEs 0.00	0.0		•	Total DSFs	0.00		-	Total DSEs
\$ 0.00 Gross Receipts Second Group \$ 0.00	0.0	\$	ona Group	Gross Receipts Se	0.00	\$	iroup	Gross Receipts First G
\$ 0.00 Base Rate Fee Second Group \$ 0.00	0.0	\$	ond Group	Base Rate Fee Se	0.00	\$	roup	Base Rate Fee First G
SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP	SCRIBER GROUP	H SUBSCRIBI	FORTIETH		UP	SUBSCRIBER GRO	TY-NINTH	THIR
O COMMUNITY/ AREA O			Α	COMMUNITY/ AR	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE	ALL SIGN DS	CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<u></u>	
 			<u></u>					
0.00 Total DSEs	0.0			Total DSEs	0.00			Fotal DSEs
		S	rth Group			S	Group	
		\$	rth Group			\$	Group	Total DSEs Gross Receipts Third C

	ABLE SYSTEM: CHNOLOGIES INC	c			S	YSTEM ID# 27953	Name
BLOCK A	A: COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	ST SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	0	Computation		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate F
							and
		<u></u>					Syndicated
							Exclusivity
							Surcharge
			·				for Partially
			·		•		Distant
		····					Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						1	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY-THIF	RD SUBSCRIBER GRO	OUP	FOF	RTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u></u>					
		<mark></mark>					
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			·				
		0.00	Total DSEs		II	0.00	
Fotal DSEs		0.00	1.1		-		
	<u> </u>		Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWN BLUE RIDGE CA						S	YSTEM ID# 27953	Name
[BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computati			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharg
	····				·····			for Partially
	····				······			Distant
	••••							Stations
	••••							
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
							1	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY	-SEVENTH	SUBSCRIBER GRO	OUP	TT .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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	····	-		·	·····			
			••••					
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	····				······	•		
			••••	·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
c. 556 Mossipio Miliu	Jioup	<u>*</u>			O. Jup	_*		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
2220 1440 1 00 111114	Cloup	<u> </u>	0.00		0.0up	<u> </u> *	3.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

						27953
	A: COMPUTATION C		ATE FEES FOR EAC			
FORTY-NINT	'H SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0
COMMUNITY AREA			COMMONT I/ ARE	~ 		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<mark></mark>		·····	-	<u></u>
		····				
			-		 	
		<mark></mark>			-	
······		····			-	
					-	
otal DSEs		0.00	Total DSEs		-	0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTY-FIRS						
	ST SUBSCRIBER GRO		II		SUBSCRIBER GRO	UP
	ST SUBSCRIBER GRO	OUP 0	FIF COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0
OMMUNITY/ AREA	CALL SIGN		II		SUBSCRIBER GRO	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE		DSE	CALL SIGN	Α		DSE
CALL SIGN DSE	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	DSE
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE
OMMUNITY/ AREA	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	DSE

EGAL NAME OF OWNER OF CABLE SYSTEM: LUE RIDGE CABLE TECHNOLOGIES INC 27953								
	: COMPUTATION C							
	D SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				Computa	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
							Base Rate	
							and Syndicat	
		····	·				Exclusiv	
							Surchar	
							for	
							Partiall Distan	
		····					Station	
		<u></u>						
		····						
Fotal DSEs		0.00	Total DSEs	•	•	0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Bross Neceipts Filst Group	4	<u> </u>	Gross Receipts Sec	ona Group	4			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FIFTY-FIFT	H SUBSCRIBER GRO	OUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				·····				
						<u></u>		
						····		
				<mark></mark>				
Fotal DSEs		0.00	Total DSEs			0.00		
	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00		
	\$			urth Group	\$			
Fotal DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$				\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM: LUE RIDGE CABLE TECHNOLOGIES INC 27953								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	ΓΥ-EIGHTH			SUBSCRIBER GRO	SEVENTH		
Computat	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicate Exclusivi	<u></u>				<u>.</u>		···		
Surcharg		<u> </u>	······································		<u> </u>				
for									
Partially									
Distant									
Stations									
			······································		·		···		
	····							••••••	
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G	
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	SIXTIETH		UP	SUBSCRIBER GRO	TY-NINTH	FIF	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	····	 	······································				···		
									
	<u></u>								
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	otal DSEs	

DEGE RIDGE CADLE IE	BLE SYSTEM: CHNOLOGIES INC				S	YSTEM ID# 27953	Nam
	: COMPUTATION C						
	T SUBSCRIBER GRO		H		SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Comput			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and
					-		Syndica
			-				Exclusiv Surchar
							for
							Partial
							Distar
					-		Station
······································					-		
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
dase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
			4				
	D SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
	D SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	UP 0	
	D SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE		DSE	COMMUNITY/ ARE	DSE		DSE	
COMMUNITY/ AREA	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

BLUE RIDGE CABLE TEC	BLE SYSTEM: HNOLOGIES INC	;			S	YSTEM ID# 27953	Name
BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	SUBSCRIBER GRO				SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Computa			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u> </u>				<u> </u>		Base Rate
					-		and
	H	<u></u>	-		-		Syndicat Exclusiv
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		<u></u>			-		Station
							
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Total DSEs		0.00	Total DSEs		-	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Bara Bata Far Carr			0.00	
	14	0.00	Base Rate Fee Seco	ond Group	>	0.00	
	L'				\$ CURSONED COO		
SIXTY-SEVENTH	I SUBSCRIBER GRO)UP	SIX	XTY-EIGHTH	I SUBSCRIBER GROU	UP	
SIXTY-SEVENTH	L'			XTY-EIGHTH			
SIXTY-SEVENTH	L')UP	SIX	XTY-EIGHTH		UP	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH COMMUNITY/ AREA CALL SIGN DSE	I SUBSCRIBER GRO	0 0	SI)	XTY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEVENTH COMMUNITY/ AREA CALL SIGN DSE	I SUBSCRIBER GRO	DUP DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	
SIXTY-SEVENTH	CALL SIGN	DUP DSE DSE O.000	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.000	
SIXTY-SEVENTH COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DUP DSE DSE O.000	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE The Group	CALL SIGN	DSE O.000	

	SAL NAME OF OWNER OF CABLE SYSTEM: UE RIDGE CABLE TECHNOLOGIES INC 27953							
E	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	CTY-NINTH	SUBSCRIBER GRO		H		H SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computati		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
			····					Syndicate
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	_		2.00					
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
SEVE COMMUNITY/ AREA		SUBSCRIBER GRO)UP 0	COMMUNITY/ ARE		SUBSCRIBER GROU)P	
COMMUNITY AREA				COMMONT IT ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
			0.00			<u></u>	3.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SEVENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/
CALL SIGN DSE Total DSES O COMMUNITY/ AREA O COMU
CALL SIGN DSE CA
CALL SIGN DSE CA
Total DSEs
Total DSEs
Total DSEs 0.00 Total DSEs 0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
SEVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0
COMMUNITY AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
Total DSEs 0.00 Total DSEs 0.00

SIGN DSE CALL SIGN DSE
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations SES 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 SEVENTY-NINTH SUBSCRIBER GROUP SEVENTY-NINTH SUBSCRIBER GROUP SEVENTY-NINTH SUBSCRIBER GROUP SEVENTY-NINTH SUBSCRIBER GROUP COmputation of Base Rate Fee Second Group \$ 0.00 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0
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and Syndicated Exclusivity Surcharge for Partially Distant Stations SES
Syndicated Exclusivity Surcharge for Partially Distant Stations SES 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 SEE First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTY-NINTH SUBSCRIBER GROUP INITY/ AREA 0 COMMUNITY/ AREA 0
Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts Second Group See Fee First Group Sete Fee First Group Set Fee First Group
Surcharge for Partially Distant Stations Total DSEs eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SEVENTY-NINTH SUBSCRIBER GROUP EIGHTIETH SUBSCRIBER GROUP INITY/ AREA 0 COMMUNITY/ AREA 0
for Partially Distant Stations SES
Distant Stations Distant Stations Distant Stations Distant Stations
Stations SES D.00 Gross Receipts Second Group Gross Receipts Second Group SEVENTY-NINTH SUBSCRIBER GROUP SEVENTY-NINTH SUBSCRIBER GROUP SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA D COMMUNITY/ AREA D
eceipts First Group \$ 0.00 ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTY-NINTH SUBSCRIBER GROUP UNITY/ AREA 0 COMMUNITY/ AREA 0
eceipts First Group \$ 0.00 ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTY-NINTH SUBSCRIBER GROUP UNITY/ AREA 0 COMMUNITY/ AREA 0
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eceipts First Group \$ 0.00 ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SEVENTY-NINTH SUBSCRIBER GROUP UNITY/ AREA 0 COMMUNITY/ AREA 0
SEVENTY-NINTH SUBSCRIBER GROUP SEVENTY-NINTH SUBSCRIBER GROUP INITY/ AREA O COMMUNITY/ AREA O
SEVENTY-NINTH SUBSCRIBER GROUP SEVENTY-NINTH SUBSCRIBER GROUP INITY/ AREA O COMMUNITY/ AREA O
SEVENTY-NINTH SUBSCRIBER GROUP DINITY/ AREA O COMMUNITY/ AREA O D
JNITY/ AREA 0 COMMUNITY/ AREA 0
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eceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
ate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953									
E	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
EIG	HTY-FIRST	SUBSCRIBER GRO	DUP	EIGH	٥				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
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								Partially	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGI	HTY-THIRD	SUBSCRIBER GRO)UP	EIGH	HTY-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
	the base rat	re fees for each subs		as shown in the boxe		\$	0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953									
BLOCK A	: COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCR	RIBER GROUP				
	H SUBSCRIBER GRO		E	9					
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Computa					
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate		
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							Partiall		
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otal DSEs		0.00	Total DSEs			0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
						1			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	H SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						····			
Fotal DSEs		0.00	Total DSEs			0.00			
	\$	0.00	Total DSEs Gross Receipts Fol	irth Group	\$	0.00			
Fotal DSEs Gross Receipts Third Group	\$			urth Group	\$	_			

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ra B	LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953									
CALL SIGN DSE CALL SIGN	BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
CALL SIGN DSE CALL SIGN		Y-NINTH	SUBSCRIBER GRO			a				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computati				
Syndic S		1	CALL SIGN	DSE	**		11		of	
Syndic Exclusion									Base Rate I	
Exclusion Total DSEs Total D									and	
Surch for Joseph First Group \$ 0.00 Sase Rate Fee Second Group \$ 0.00 Sase Rate Fee First Group \$ 0.00 Sase Rate Fee Second Group \$										
For all DSEs Fo					1				Surcharg	
Total DSEs Total									for	
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Total DSEs October Signer Secretary									Distant	
Gross Receipts First Group Base Rate Fee First Group NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL				···	·			····	Stations	
Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN							-	····		
Gross Receipts First Group Base Rate Fee First Group NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL										
Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN										
Gross Receipts First Group Base Rate Fee First Group NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL										
Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN		<u> </u>		0.00			1	0.00		
Base Rate Fee First Group NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE								3		
NINETY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	SUBSCRIBER GROU	JP		
Total DSEs Output	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00					-					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				···						
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				···	·			····		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00										
	Total DSEs			0.00	Total DSEs			0.00		
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
	Base Rate Fee Third G	roup	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
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LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953								
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee and
		-						Syndicated
				-				Exclusivity Surcharge
		-						for
								Partially Distant
								Stations
			<u></u>					
Total DSEs	•		0.00	Total DSEs	-		0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
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			<u></u>					
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

27953 Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953									
RATE FEES FOR EACH SUBSCRIBER GROUP	CH SUBSCR	TE FEES FOR EAC	BASE RA	COMPUTATION OF	OCK A: (Bl				
NINETY-EIGHTH SUBSCRIBER GROUP O COMMUNITY/ AREA O 9	 					NINETY-S				
O COMMUNITY/ AREA O Computatio	COMMUNITY/ AREA 0					COMMUNITY/ AREA				
			DSE	CALL SIGN	DSE	CALL SIGN				
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0 Total DSEs 0.00		Total DSEs	0.00			Total DSEs				
Gross Receipts Second Group \$ 0.00	ond Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G				
Base Rate Fee Second Group \$ 0.00	cond Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gr				
ONE HUNDREDTH SUBSCRIBER GROUP	HUNDREDTH	ONE H	JP	SUBSCRIBER GROU	Y-NINTH	NINET				
O COMMUNITY/ AREA O	:A	COMMUNITY/ AREA	0			COMMUNITY/ AREA				
E CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
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Total DSEs 0.00		Total DSEs	0.00			Fotal DSEs				
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O Gross Receipts Fourth Group \$ 0.00	ırth Group	Gross Receipts Fourt	0.00	\$	roup	Gross Receipts Third G				
Gross Receipts Fourth Group \$ 0.00	ırth Group	Gross Receipts Fourt	0.00	\$	iroup	Gross Receipts Third G				

LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953									
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
ONE HUNDRE	D FIRST	SUBSCRIBER GRO	JP	ONE HUNDRE	0				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
							<u></u>	Base Rate Fe	
		-			····			and	
				·				Syndicated Exclusivity	
				1	····			Surcharge	
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								Partially	
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				·	·····		····		
					••••		····		
Total DSEs			0.00	Total DSEs	·		0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	JP	ONE HUNDRI	ED FOURTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
e Third G	roup e base rat	\$	0.00	Gross Receipts Four	th Group		0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953									
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
	ED FIFTH	SUBSCRIBER GRO		ONE HUN	9				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
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Total DSEs		-	0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUND	RED EIGHTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
									
			···						
		-	<u>.</u>						
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add to			criber group	as shown in the boxe	es above.	\$			

	27953	3					ER OF CABI BLE TECI	BLUE RIDGE CAE
				TE FEES FOR EACH				
9	ONE HUNDRED TENTH SUBSCRIBER GROUP					SUBSCRIBER GRO	ED NINTH	
Computati	COMMUNITY/ AREA 0							COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						ļ		
and								
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Surcharg			······································		-	 		
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Stations	<u></u>				·	-	···	
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	0.00	Ц		T-4-LDOF-	0.00			
	•			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	UP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						 		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourtl	0.00	\$	Group	Total DSEs Gross Receipts Third (

LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	ILL SIGN DSE CALL SIGN DSE CALL SIGN DSE					
				-	<u></u>			Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
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Total DSEs	2		0.00	Total DSEs			0.00	ı
Gross Receipts First (Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	ı
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	1
ONE HUNDRED F		SUBSCRIBER GROU	JP 0	ONE HUNDRED S		I SUBSCRIBER GRO	JP 0	ı
COMMONT IT AREA				COMMONT IT AREA				ı
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
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Total DCCs			0.00	Total DOTa			0.00	ı
Total DSEs Gross Receipts Third	Group	\$	0.00	Total DSEs Gross Receipts Fourt	h Groun	\$	0.00	ı
Cross rescipts mild	Стоир	•	<u> </u>	S1000 Noccipio i Ouiti	Потопр	•	3.55	ı
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		1

LEGAL NAME OF OWN						S	YSTEM ID# 27953	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
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			<u> </u>	-	·····			for Partially
		<u> </u>		·	·····			Distant
					••••			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		I	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
C.000 Receipts Tillu	Стоир	•	3.30	- Cross Receipts Fou	.a. Group	*	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN BLUE RIDGE CA			:			S	YSTEM ID# 27953	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GRO		††		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
	<u></u>	-	<u></u>					and
					·····			Syndicated Exclusivity
				-				Surcharge
								for
					<u></u>			Partially
	<u></u>		<u></u>					Distant
	<u></u>							Stations
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					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>		<u></u>			
	<u></u>			-	·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
ase Rate Fee: Add to			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN BLUE RIDGE CAE			:			S	YSTEM ID# 27953	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU	Р	H		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
			<u></u>					and
		ļ			·····		·····	Syndicated Exclusivity
								Surcharge
								for
								Partially
			<u></u>					Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
3ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
IE HUNDRED TWENTY	'-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···			-				
			<u></u>		•••••			
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		_						
			<u></u>		·····			
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
·	Group	\$ te fees for each subs	0.00	Base Rate Fee Fou	irth Group			

COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP H SUBSCRIBER GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RA
Computation CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
CALL SIGN DSE CALL SIGN DSE Of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
and Syndicated Exclusivity Surcharge for Partially Distant
Syndicated Exclusivity Surcharge for Partially Distant
Exclusivity Surcharge for Partially Distant
for Partially Distant
Partially Distant
Distant
Stations
-
0.00
\$ 0.00 Gross Receipts Second Group \$ 0.00
\$ 0.00 Base Rate Fee Second Group \$ 0.00
T SUBSCRIBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
" <mark> </mark>
\$ 0.00 Gross Receipts Fourth Group \$ 0.00
\$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OW BLUE RIDGE CA		LE SYSTEM: HNOLOGIES INC				S	YSTEM ID# 27953	Name
ONE HUNDRED TH	HIRTY-THIRD	COMPUTATION OF SUBSCRIBER GROUP		it .	TY-FOURTH	RIBER GROUP SUBSCRIBER GROUF		9
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
					<u></u>			Stations
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			ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	HRTY-SIXTH	I SUBSCRIBER GROUF)	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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				-				
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourti	า Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

BLUE RIDGE CA						S	YSTEM ID# 27953	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP	,	
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		1 SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIN	DOL	OALL CICIV	BOL	OALL CIGIT	BOL	O'ALL GIGIT	BOL	Base Rate Fee
								and
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				-	<u></u>		<u></u>	Exclusivity Surcharge
	····				···			for
		-						Partially
								Distant
								Stations
								
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TH	HIRTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	·		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····				···			
								
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

0 COMMUNITY/ AREA 0 Computation	CALL SIGN	TY-SECOND	ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN	0	COMPUTATION OF SUBSCRIBER GROUP CALL SIGN	RTY-FIRST	
0 COMMUNITY/ AREA 0 Computation of Base Rate Figure 1 Surcharge for Partially Distant Stations 0.00 Total DSEs Gross Receipts Second Group \$ 0.00	CALL SIGN		CALL SIGN	0			COMMUNITY/ AREA
Computation of Base Rate Finand Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs Gross Receipts Second Group \$ 0.000 Computation of Base Rate Finand Syndicated Exclusivity Surcharge for Partially Distant Stations	CALL SIGN		CALL SIGN		CALL SIGN		
O	CALL SIGN		CALL SIGN	DSE	CALL SIGN		
and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00	\$						
Syndicated Exclusivity Surcharge for Partially Distant Stations	\$						
Exclusivity Surcharge for Partially Distant Stations	\$						
	\$						
Partially Distant Stations	\$						
Distant Stations	\$						
O.00 Total DSEs O.00 O.00 Gross Receipts Second Group \$ 0.00	\$						
0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00	\$						
0.00 Gross Receipts Second Group \$ 0.00	\$					l	
0.00 Gross Receipts Second Group \$ 0.00	\$						
0.00 Gross Receipts Second Group \$ 0.00	\$						
0.00 Gross Receipts Second Group \$ 0.00	\$		Tabl DOS				
0.00 Gross Receipts Second Group \$ 0.00	\$		T-4-LD05-				
0.00 Gross Receipts Second Group \$ 0.00	\$		T-4-1 DOE-	ļ			
	\$		I otal DSEs	0.00			Total DSEs
0.00 Base Rate Fee Second Group \$ 0.00		nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
SER GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR	1	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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					-		
0.00 Total DSEs			Total DSEs	0.00			Fotal DSEs
0.00 Gross Receipts Fourth Group \$ 0.00	\$	n Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
		•				•	
0.00 Base Rate Fee Fourth Group \$ 0.00	\$	n Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWNE						S	YSTEM ID# 27953	Name
				TE FEES FOR EACH				
	RTY-FIFTH	SUBSCRIBER GROUP			ORTY-SIXTE	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u> </u>	-						and
	-							Syndicated Exclusivity
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								for
	<mark></mark>							Partially
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Total DSEs	!	!	0.00	Total DSEs		-!-!	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
	Топр			l soo Hoospie soo.	.а с.оар	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		TI .	RTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
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	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	•	-			•			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW BLUE RIDGE CA						S	YSTEM ID# 27953	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROU		ii .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	······		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					<u> </u>	.		Syndicated
					-		····	Exclusivity Surcharge
								for
								Partially
								Distant
			 					Stations
					<u> </u>			
					<u></u>			
		-						
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	า Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	า Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN BLUE RIDGE CAI			;			S	YSTEM ID# 27953	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		i i		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u> </u>					and
			<u></u>					Syndicated
	<u></u>		<u></u>					Exclusivity Surcharge
			<u>-</u>					for
								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•				·			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	-				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

BLUE RIDGE CA						S	YSTEM ID# 27953	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- TOODOONIDEN ONOO!	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
			 					and
								Syndicated Exclusivity
								Surcharge
					<u> </u>			for
	····				<u></u>			Partially Distant
								Stations
	····				<u></u>			
	····				-			
Total DSEs		,	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED F	FIFTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D SIXTIETH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	າ Group	\$	0.00	
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	YSTEM ID# 27953							BLUE RIDGE CAB
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<u> </u>	YSTEM ID# 27953	S						BLUE RIDGE CAE
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-	JP 0	SUBSCRIBER GROU	/-FOURTH	FORTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-THIRD	FOR COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	/-FOURTH	FORTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	FORTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-THIRD	FOR COMMUNITY/ AREA
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NI	YSTEM ID# 27953					HNOLOGIES INC		LEGAL NAME OF OWNE BLUE RIDGE CAB
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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NI	YSTEM ID# 27953					HNOLOGIES INC	BLE TECH	BLUE RIDGE CAB
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	0.00 JP	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	roup TY-THIRD	Base Rate Fee First G SIX [*] COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	roup TY-THIRD	Base Rate Fee First G SIXT COMMUNITY/ AREA
	O.00	\$ SUBSCRIBER GROU	d Group /-FOURTH	Base Rate Fee Secon SIXTY COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	roup TY-THIRD	SIXT COMMUNITY/ AREA CALL SIGN
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				TE FEES FOR EACH				
9		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
-	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
. =	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIX'	JP 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S
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	DSE O.00	SUBSCRIBER GROU	Y-EIGHTH DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE O.00	CALL SIGN	DSE	SIXTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	SIX' COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SIXTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
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NI	YSTEM ID# 27953	S				INOLOGIES INC		BLUE RIDGE CAB
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9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-NINTH	
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
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Name	YSTEM ID# 27953							BLUE RIDGE CAE
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	Y-FOURTH	SEVENT		SUBSCRIBER GROU	TY-THIRD	SEVEN
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-FIFTH	SEVEN COMMUNITY/ AREA CALL SIGN
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Name	YSTEM ID# 27953	s						BLUE RIDGE CAE
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9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	IP	SUBSCRIBER GROU	IGHTIETH	E	UP	SUBSCRIBER GRO	TY-NINTH	SEVEN [*]
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EIGHT	Y-THIRD	SUBSCRIBER GROU	JP	EIGH1	Y-FOURTH	SUBSCRIBER GRO	JP	
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	roup	<u> </u>		Total DSEs Gross Receipts Fourt	h Group	\$		
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·	\$ \$				\$		

Name	YSTEM ID# 27953							BLUE RIDGE CAB
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9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	HTY-FIFTH	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA CALL SIGN
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NI	YSTEM ID# 27953	S'						BLUE RIDGE CAB
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9		SUBSCRIBER GROU	NINTIETH	COMMUNITY		SUBSCRIBER GROU	ITY-NINTH	
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	JP 0	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIRST	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIRST	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIRST	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIRST	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIRST	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIRST	NINE COMMUNITY/ AREA
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	DSE	SUBSCRIBER GROU	/-SECOND	NINET COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	NINE COMMUNITY/ AREA CALL SIGN Total DSEs
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Name	YSTEM ID# 27953						NER OF CABI	BLUE RIDGE CAE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU		
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3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

	YSTEM ID# 27953	5					ER OF CABI	BLUE RIDGE CAB
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9		SUBSCRIBER GROUP	NTY-SIXTH			SUBSCRIBER GROUP	NTY-FIFTH	
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		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP		
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Name	YSTEM ID# 27953	S			•			BLUE RIDGE CAB
				TE FEES FOR EACH				
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9		SUBSCRIBER GROUP	TY-FOURTH			SUBSCRIBER GROUP	RTY-THIRD	
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	IP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THIS	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
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	27953	S			•			LEGAL NAME OF OWNER BLUE RIDGE CAB
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_		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY-
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9		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FOR)	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
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	YSTEM ID# 27953						BLE TEC	BLUE RIDGE CAE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A: (В
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ER GROUP 0 Computation	RIBER GROUP I SUBSCRIBER GRO		TE FEES FOR EACH		COMPUTATION OF	OCK A: (DI	
O Computation GN DSE of Base Rate Fed and Syndicated Exclusivity Surcharge for	H SUBSCRIBER GRO	FIFTIETH	II ONE HUNDRED					
Computation GN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for				ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
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LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 27953								
				TE FEES FOR EACH				
	HUNDRED FIFTY-THIRD SUBSCRIBER GROUP UNITY/ AREA O COMMUNITY/ AREA O							
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				TE FEES FOR EACH					
<u> </u>		SUBSCRIBER GROUP	TY-EIGHTH			ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP			
Computation	0			COMMUNITY/ AREA	0		COMMUNITY/ AREA		
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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 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. ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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