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 | Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID | ess of the cable system on the last day of counting perioa | em the accounting period should s | | 3324 |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | |
| | BLUE RIDGE CABLE TECHNOLOGIES INC | | | | |
| | Blue Ridge Communications | | | | |
| | | | | 332 | 420182 |
| | | | | 3324 | 2018/2 |
| | | | | 3324 | 2010/2 |
| | PO Box 215 | | | | |
| | Palmerton, Pa 18071 | | | | |
| | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of | | | | |
| | 7 11 1 10 10 | the system, if the | erent nom the address give | п п зрасе | D. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | | |
| | 100 | | | ••••• | |
| | (City, town, state, zip code) | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comr | nunity served below and rel | ist on page | e 1b |
| Area | with all communities. | T. | | | |
| Served | CITY OR TOWN | STATE | | | |
| First | TUNKHANNOCK | PA | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | annel line-ups in S | pace G. | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUE | 3 GRP# |
| Sample | Alda | MD | Α | | 1 |
| , | Alliance | MD | В | | 2 |
| | Gering | MD | В | | 3 |

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

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 3324 **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# **TUNKHANNOCK** PA AA **First ALBANY TOWNSHIP** PA AA 3 Community **AUBURN TOWNSHIP** PA AA **BRAINTRIM TOWNSHIP** PA AA CHERRY TOWNSHIP PA AA 1 **CLINTON TOWNSHIP** PA AA See instructions for **COLLEY TOWNSHIP** AA ΡΔ additional information on alphabetization. 2 DALLAS TOWNSHIP PA AA **DUSHORE** PA AA **EATON TOWNSHIP** PA AA **FALLS TOWNSHIP** PA AA Add rows as necessary. **FORKSTON TOWNSHIP** PA AA **HUNLOCK TOWNSHIP** PA AA **HUNTINGTON TOWNSHIP** PA AA **LACEYVILLE** PA AA **LAKE TOWNSHIP** PA AA **LEHMAN TOWNSHIP** PA AA **LEMON TOWNSHIP** PA AA **MEHOOPANY TOWNSHIP** PA AA **MESHOPPEN** PA AA **MESHOPPEN TOWNSHIP** PA AA MONROE TOWNSHIP PA AA **NEW ALBANY** 3 PA AA **NEW COLUMBUS** 2 PA AA **NEWTON TOWNSHIP** ΡΔ AA NORTH BRANCH PA AA **NOXEN TOWNSHIP** PA AA OVERFIELD TOWNSHIP PA AA **ROSS TOWNSHIP** PA AA **TERRY TOWNSHIP** PA AA **TUNKHANNOCK TOWNSHIP** PA AA **TUSCARORA TOWNSHIP** PA AA 3 2 **UNION TOWNSHIP** PA AA **WASHINGTON TOWNSHIP** PA AA **WILMOT TOWNSHIP** 3 PA AA WINDHAM TOWNSHIP 3 PA AA **WYALUSING** PA AA 3 WYALUSING TOWNSHIP PA AA

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

BLUE RIDGE CABLE TECHNOLOGIES INC

3324

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 | | | BLOC | K 2 | |
|--|-------------|-------------|-------------|---------------------|-------------|------|
| | NO. OF | | | | NO. OF | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | Ш | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential: | | | | | | |
| Service to first set | 6,431 | \$31.80/Mth | | | | |
| Service to additional set(s) | 10,647 | \$.50/Mth | | | | |
| FM radio (if separate rate) | | | | | | |
| Motel, hotel | | | | | | |
| Commercial | 186 | \$31.80/Mth | | | | |
| Converter | | | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |
| | | | 7 ' ' ' | | 1 | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | BLOCK 1 | | | | | | | |
|---|-------------|---|----------|--------------------------|--|--|--|--|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | 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 | | | | | | |
| | | | | | | | | |

| LEGAL NAME OF OWN | JER OF CABLE SY | YSTEM: | | | SYSTEM ID: | # |
|---|---|--|---|---|---|--|
| BLUE RIDGE C | | | S INC | | 3324 | Namo |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | system during the constant of | he accounting n June 24, 19 (4), or 76.63 (ed in the next | g period, except 81, permitting the referring to 76.6 paragraph. | t (1) stations carrine carriage of certification (4))]; | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program | Primary Transmitters: Television |
| station was carried • List the station here, basis. For further in in the paper SA3 fo | here in space only on a subs and also in spa formation cond rm. | G—but do lis titute basis. ace I, if the sta cerning substi | it in space I (thation was carried tute basis station | d both on a subst | nent and Program Log)—if the itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify | |
| each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy | associated with a-2". Simulcast e channel number. For example ystem carried the | h a station ac streams must ber the FCC he, WRC is Ch ne station. | cording to its over the reported in the mas assigned to annel 4 in Wash | rer-the-air designa column 1 (list each the television stan nington, D.C. This | ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial | |
| educational station, by (for independent multic For the meaning of the Column 4: If the state planation of local servi Column 5: If you had cable system carried the distant state For the retransmiss of a written agreement | rentering the lecast), "E" (for no ese terms, see ation is outside ce area, see paave entered "Yohe distant static ion on a part-tiicion of a distant entered into o | etter "N" (for noncommercial page (v) of the local serage (v) of the es" in column on during the me basis becar multicast stran or before Ju | etwork), "N-M" (il educational), of e general instructivice area, (i.e. "of general instructivity and the second of the second | (for network multion "E-M" (for nonce ctions located in the distant"), enter "Y tions located in the mplete column 5, and. Indicate by eractivated channel subject to a royalte tween a cable sy | cast), "I" (for independent), "I-M" ommercial educational multicast). the paper SA3 form. es". If not, enter "No". For an exepaper SA3 form. stating the basis on which your attering "LAC" if your cable system capacity. y payment because it is the subject yetem or an association representing | |
| tion "E" (exempt). For sexplanation of these the Column 6: Give the | simulcasts, also nree categories e location of ea Canadian statio | o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups, | you carried the) of the general or U.S. stations, re the name of the use a separate | channel on any c instructions locat- list the communit he community wit space G for each | ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the h which the station is identifed. Channel line-up. | |
| | 1 | CHANN | EL LINE-UP | AA | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| WBRE | 28 | N | NO | | WILKES-BARRE, PA | |
| WNEP | 16 | N | NO | | WILKES-BARRE, PA | See instructions for |
| WOLF | 56 | ı | NO | | WILKES-BARRE, PA | additional information |
| WQMY | 53 | l | NO | | WILLIAMSPORT, PA | on alphabetization. |
| WQPX | 64 | l | NO | | SCRANTON, PA | |
| WSKG | 46 | E | YES | 0 | BINGHAMTON, NY | |
| WSWB | 38 | | NO | | SCRANTON, PA | |
| WVIA | 44 | E | NO | | WILKES-BARRE, PA | |
| WYOU | 22 | N | NO | · | WILKES-BARRE, PA | |
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| FORM SA3E. PAGE 3. | | | | | | • |
|--|--|--|--|---|--|------------------------------------|
| LEGAL NAME OF OWN | ER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| BLUE RIDGE C | ABLE TECH | INOLOGIE | S INC | | 3324 | Name |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | |
| In General: In space G carried by your cable s FCC rules and regulation 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 of List the station here, a basis. For further inf in the paper SA3 for Column 1: List each each multicast stream a 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 sta planation of local servic Column 5: If you ha | s, identify even ystem during the ystem during the ystem during the ons in effect or .61(e)(2) and (is, as explaine tations: With I C rules, regulation as a control on a substand also in spatformation concern. In station's call associated with example to the carried the in each case we entering the least), "E" (for mose terms, see pation is outside the carea, see pation entered "You want of the set of the carea, see pation entered "You want of the carea, see pation entered "You want of the carea, see pation is outside the carea, see pation entered "You want of the carea, see p | y television st he accounting h June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r h a station acc streams must beer the FCC has, WRC is Cha- be, WRC is Cha- be, WRC is Cha- ter station. whether the state of the state of the station. whether the state of the state of the station. whether the state of the state of the station. | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried to the station was carried to the period of the station was station to the period of the period of the station was assigned to the station is a network attion is a network to the station is a network to the station was assigned to the station is a network to the station was assigned to the station is a network to the station was assigned to the station is a network to the station was assigned to the station is a network to the station was assigned to the station | (1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your of the Special Statement of the Special | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your | G Primary Transmitters: Television |
| 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 | | | | | | |
| Column 6: Give the | location of ea anadian statio | ch station. Fo ns, if any, giv nnel line-ups, | r U.S. stations, e the name of th | list the community ne community with space G for each | ed in the paper SA3 form. It to which the station is licensed by the mathematical which the station is identified. It channel line-up. | |
| 4.0011 | 2 DICACT | 3. TYPE | | | C LOCATION OF STATION | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| CICIV | NUMBER | STATION | (10001110) | (If Distant) | | |
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| FORM SA3E. PAGE | 3. | | | | | | | |
|---|---|---|---|---|--|---|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | |
| BLUE RIDGE | CABLE TECI | HNOLOGIE | S INC | | 3324 | Name | | |
| PRIMARY TRANSMI | TTERS: TELEVISION | ON | | | | | | |
| carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program | le system during to ulations in effect of ,76.61(e)(2) and (basis, as explaine is Stations: With | he accounting n June 24, 19 4), or 76.63 (r d in the next prespect to any | period, except 81, permitting the referring to 76.6 paragraph. distant stations | (1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a | and low power television stations) and 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 | | |
| Do not list the stat station was carri List the station he basis. For furthe in the paper SA3 Column 1: List each multicast streat ast stream as "WE WETA-simulcast). Column 2: Give its community of licon which your cable Column 3: Indiceducational station, (for independent mire of the meaning of Column 4: If the planation of local sear Column 5: If you cable system carried the distant sear it of a written agreem the cable system at iton "E" (exempt). Fexplanation of these Column 6: Give | cion here in space ed only on a substre, and also in spar information cond form. Each station's call am associated wite ETA-2". Simulcast the channel numbers. For example esystem carried thate in each case by entering the leulticast), "E" (for not these terms, see estation is outside ervice area, see put have entered "Yeld the distant stations of a distant ent entered into ond a primary transfor simulcasts, alse three categories the location of each candian station of Canadian stations. | G—but do list titute basis. ace I, if the state rining substit sign. Do not read a station acceptate a station acceptate a station. Whether the station. Whether the station. Whether the station are station. Whether the local served age (v) of the local served age (v) of the local served are basis because a multicast stream or before Jumitter or an acceptate a station. For the local served are the station. For the station are station. | tit in space I (the stion was carried tute basis station report origination report origination recording to its own be reported in the station is a network), "N-M" (I educational), one general instructivities area, (i.e. "General instructivities area, (i.e. "General instructivities area, of lack of a seam that is not some 30, 2009, be sesociation repression of the general in trus. Stations, e the name of the | d both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This bork station, an indefor network multicute for "E-M" (for nonceptions located in the interest of the program of the column 5, so d. Indicate by entitivity to a royalty steween a cable system of the prima channel on any of instructions located list the community with | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed. | | | |
| Trotor ii you aro aiii | | | EL LINE-UP | | onamier une 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 | | | | | SYSTEM ID# | Name |
| BLUE RIDGE C | ABLE TECH | INOLOGIE | S INC | | 3324 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space C carried by your cable's FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List 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 | G, identify every eystem during the consist of effect on the consist of explained that is, as explained there in space only on a substant also in spatformation concern. The consist of explained the explained the in each case of entering the least), "E" (for nease terms, see | y television structure by television structure 24, 194, or 76.63 (r d in the next prespect to any attions, or auth G—but do list titute basis. In the state of the station acceptance of the station acceptance of the station acceptance of the station. Whether the stater "N" (for moncommercial page (v) of the | g period, except 81, permitting the referring to 76.6 paragraph. It is a consistent of the referring to 76.6 paragraph. It is in space I (the referring to its over the report origination of the report origination of the report origination of the report o | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the statement of | | G Primary Transmitters: Television |
| Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | | | | |
| Note: If you are utilizing | ig multiple chai | | · | ' | 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 | |
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| FORM SA3E. PAGE 3. | | | | | | • |
|--|--|---|---|---|--|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| BLUE RIDGE C | ABLE TECH | HNOLOGIE | SINC | | 3324 | Name |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
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| 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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 3324 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 AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER **STATION** (If Distant)

| FORM SA3E. PAGE 3. | UED OF 045: 5 5: | (OTEN) | | | SYSTEM ID# | |
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| BLUE RIDGE O | | | SINC | | 3324 | Name |
| | | | .0 1110 | | 3324 | |
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| FORM SA3E. PAGE 3. | | | | | ACCOUN | TING PERIOD: 2018/2 | |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID: | Namo | |
| BLUE RIDGE C | | | SINC | | 3324 | • | |
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

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| ORM SA3E. PAGE 3. | | | | | | | |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|----------|--|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Namo | |
| BLUE RIDGE C | | | SINC | | 3324 | | |
| 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 as sociated 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 | | | | | | | |
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| | 1 | 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 | | |
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

| FORM SA3E. PAGE 3. | | | | | Account | ING FERROD. 2010) |
|--|---|---|--|---|---|------------------------------------|
| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| BLUE RIDGE C | ABLE TECH | HNOLOGIE | S INC | | 3324 | Name |
| PRIMARY TRANSMITT | 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 Basis is basis under specific 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-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multice.) | G, identify even system during the ions in effect on 6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spatiormation concorn. The station's call associated with a cas of the concorn concorn concorn concorn. The station concorn | y television strate accounting in June 24, 194, or 76.63 (r di n the next prespect to any ations, or auth G—but do list titute basis. ace I, if the stateming substitusing. Do not reason a station acceptation acceptation in a station acceptation in the station acceptation. Whether the station whether the station. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in a assassigned to annel 4 in Wash ation is a network etwork), "N-M" (I educational), of | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program service er-the-air designation column 1 (list each the television statistington, D.C. This bork station, an indefor network multicor "E-M" (for nonco | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the stute basis and also on some other and the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- an stream separately; for example son for broadcasting over-the-air in any be different from the channel sependent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast). | G Primary Transmitters: Television |
| 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 | | nnel line-ups, | | space G for each | | |
| 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 | | | | | SYSTEM ID# | Name |
| BLUE RIDGE C | ABLE TECH | INOLOGIE | S INC | | 3324 | Hamo |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | N | | | | |
| 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 Substitute Pasis Subsis under specific 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 eace each multicast stream cast stream as "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 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 | 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 by television standard | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to the station was carried that the basis station report origination cording to its own be reported in containing the station is a network etwork), "N-M" (I educational), one general instructive area, (i.e. "or general | (1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your case special Statement of both on a substitution, see page (v) on program service: er-the-air designation of the television statistical program of the television of t | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system | Primary Transmitters: Television |
| Note: If you are utilizing | ng multiple char | nel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AL | | |
| 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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| FORM SA3E. PAGE 3. | | | | | | | |
|--|--------------------------------------|--------|--|------------|------|--|--|
| LEGAL NAME OF OWNER OF CABLE S | | 20.100 | | SYSTEM ID# | Name | | |
| BLUE RIDGE CABLE TECH | | S INC | | 3324 | | | |
| 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 | | | | | | | |
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| Note: If you are utilizing multiple char | • • • | • | | | | | |
| 1. CALL 2. B'CAST CHANNEL NUMBER | SIGN CHANNEL OF (Yes or No) CARRIAGE | | | | | | |
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| ORM SA3E. PAGE 3. | | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|----------------------------------|--|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Namo | |
| BLUE RIDGE C | | | S INC | | 3324 | | |
| 1 7 | | | | | | | |
| cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter 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, | | | | | | | |
| | | CHANN | EL LINE-UP | AN | | | |
| 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 Long Form (Rev. 05-17) U.S. Copyright Office

| BLUE RIDGE CABLE TECHNOLOGIES INC 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), 0r 76.61(e)(2) and (4), 0r 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system 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 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), | FORM SA3E. PAGE 3. | | | | | | | |
|--|---|---|----------|-------------|--------------|------------------------|------|--|
| 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, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as a "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). Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes." In oh, enter "No". For a | LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | | Name | |
| 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), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swETA-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 | BLUE RIDGE C | ABLE TECH | INOLOGIE | SINC | | 3324 | Hamo | |
| carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swetra-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 5: If | PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | | |
| 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 | 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 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 | | | | | | | |
| FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | | | - | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | | | CHANN | EL LINE-UP | AO | | | |
| , , | 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO | SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | NUMBER | STATION | | (If Distant) | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
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| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
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| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | <u> </u> | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | ļ | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | ļ | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | 1 | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | | | | | | ļ | | |

| FORM SA3E. PAGE 3. | | | | | | • |
|--|---|---|--|--|--|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| BLUE RIDGE C | ABLE TECH | INOLOGIE | SINC | | 3324 | Name |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Substitute Basis Subasis under specific 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 eace each multicast stream cast stream as "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 had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and stion "E" (exempt). For station of the substitution of the carried the cable system and stion "E" (exempt). For station of the substitution of the carried the cable system and stion "E" (exempt). For station of the substitution of the carried the carried the cable system and stion "E" (exempt). For station of the substitution of the carried t | G, identify even by system during the stations: with a CC rules, regular here in space only on a substand also in spationarion concurr. The station's call associated with a cash case with a cash case we entering the least), "E" (for no see terms, see a carea, see pation is outside ce area, see pation on a part-tiricion of a distant a cash cast, and a cash cash cash cash cash cash cash ca | y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station account in a station. In the local service in column account in a station in column account in a station account | period, except period, except period, except period, except period, except period, permitting the referring to 76.6 paragraph. I distant stations orizations: I tit in space I (the stion was carried ute basis station period ording to its own be reported in the same assigned to period peri | in (1) stations carried the carriage of certain (1(e)(2) and (4))]; as a carried by your content of the Special Statement | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | Primary Transmitters: Television |
| Column 6: Give the | e location of ea Canadian statio | ch station. Fo ns, if any, given nel line-ups, | r U.S. stations, e the name of th | list the community ne community with space G for each | to which the station is licensed by the which the station is identifed. | |
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| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| 01014 | NUMBER | STATION | (10001110) | (If Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEMI | Namo |
| BLUE RIDGE C | ABLE TECH | INOLOGIE | S INC | | 332 | 24 |
| PRIMARY TRANSMITT | 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 Substitute Pasis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the carried the distant state 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. | G, identify even the system during the control of t | y television standard accounting on June 24, 194, or 76.63 (I d in the next espect to any ations, or auth G—but do listitute basis. In the standard account of the station account of the station account of the station. In the station account of the station account of the station. In the station account of the station account of the station. In the local service of the station of the local service of the station of the station of the station of the station of the station. In the station of the station of the station of the station. It is see page (y) ch station. For no, if any, given the station, if any, given the station of the station of the station. | g period, except 81, permitting the 181, permitting to 181, permitting the 181, permitting to 181, permitting the 181, permit | (1) stations carried carriage of cert 1(e)(2) and (4))]; is carried by your of the Special Statement of both on a substitus, see page (v) of the Special Statement of the S | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. | Primary Transmitters: Television |
| Note: If you are utilizing | | | • | | onamic into 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. | | | | | | | |
|--|--|--|--|--|--|--|--|
| | S INC | | | Name | | | |
| | :3 INC | | 3324 | | | | |
| 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 | | | | | | | |
| ubstitute basis. space I, if the sta oncerning substi call sign. Do not | ation was carried tute basis station report origination | d both on a substit ns, see page (v) of n program services | ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify | | | | |
| ast streams must umber the FCC h nple, WRC is Ch ed the station. | t be reported in one of the content | column 1 (list each the television stati ington, D.C. This | n stream separately; for example on for broadcasting over-the-air in may be different from the channel | | | | |
| e letter "N" (for nor noncommercial ee page (v) of the | etwork), "N-M" (I educational), o e general instruc | for network multica or "E-M" (for nonco ctions located in th | ast), "I" (for independent), "I-M" mmercial educational multicast). se 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. | | | | | | | |
| CHANN | EL LINE-UP | AR | | | | | |
| EL OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
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| The constant of the constant o | every television stand the accounting of on June 24, 19 and (4), or 76.63 (alined in the next lith respect to any gulations, or authorized ace G—but do list ubstitute basis. Space I, if the station cerning substitute basis whether the FCC hamble, WRC is Ched the station. See whether the side letter "N" (for noncommercial see page (v) of the difference of the local sense page (v) of the difference | every television station (including ing the accounting period, except ct on June 24, 1981, permitting the ind (4), or 76.63 (referring to 76.6) ained in the next paragraph. (ith respect to any distant stations gulations, or authorizations: ace G—but do list it in space I (the ubstitute basis. space I, if the station was carried concerning substitute basis station with a station according to its own ast streams must be reported in comple, WRC is Channel 4 in Washed the station. Is whether the station is a network of the general instruction of the general | every television station (including translator stations ing the accounting period, except (1) stations carried to on June 24, 1981, permitting the carriage of certaind (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sained in the next paragraph. (ith respect to any distant stations carried by your congulations, or authorizations: acc G—but do list it in space I (the Special Statement ubstitute basis. space I, if the station was carried both on a substite concerning substitute basis stations, see page (v) of call sign. Do not report origination program services with a station according to its over-the-air designatiant ast streams must be reported in column 1 (list each number the FCC has assigned to the television station ple, WRC is Channel 4 in Washington, D.C. This is a network station, an independent of the station. In the letter "N" (for network), "N-M" (for network multical or noncommercial educational), or "E-M" (for noncomercial educational), or "E-M" (| INSION | | |

| FORM SA3E. PAGE 3. | | | | | Accoonti | 140 1 ENIOD: 2010/2 |
|--|------------------|----------------|----------------|------------------|------------------------|---------------------|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | N |
| BLUE RIDGE C | ABLE TECH | INOLOGIE | SINC | | 3324 | Name |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | N | | | | |
| 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), 76.63 (referring to 76.61(e)(2) and (2)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning | | | | | | |
| 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 | AS | | |
| 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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| FORM SA3E. PAGE 3. | | | | | | | |
|---|-------------------|---------------|-------------|--------------------------|------------------------|------|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | 'STEM: | | | SYSTEM ID# | Namo | |
| BLUE RIDGE C | ABLE TECH | INOLOGIE | S INC | | 3324 | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | N | | | | | |
| 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), 76.63 (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-M" (for network multicast), ""(for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station, or a noncommercial educational for the sea terms, see page (v) | | | | | | | |
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| Note. If you are utilized | ig multiple chai | | · | <u>'</u> | Charmer inte-up. | | |
| | I | CHANN | EL LINE-UP | AT | | | |
| 1. CALL | 2. B'CAST | | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | |
| SIGN | CHANNEL NUMBER | OF STATION | (Yes or No) | CARRIAGE (If Distant) | | | |
| | IVOIVIBLIX | OTATION | | (II Distant) | | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|---|------|--|
| LEGAL NAME OF OWN | | | 0.100 | | SYSTEM ID# | Name | |
| BLUE RIDGE C | | | SINC | | 3324 | | |
| 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 | | | | | | | |
| cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system | | | | | | | |
| Note: If you are utilizing | | | | • | which the station is identifed. channel line-up. | | |
| | T | CHANN | EL LINE-UP | AU | | | |
| 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. | | | | | ACCOUN | TING PERIOD: 2018/2 |
|--|--|--|---|---|------------------------|---|
| LEGAL NAME OF OWN | | | | | SYSTEM ID | Namo |
| BLUE RIDGE C | | | SINC | | 3324 | • |
| 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 | G, identify every system during the ons in effect or .61(e)(2) and (e) .61(e)(2) and (e) .61(e)(2) and (e) .62 crules, regular here in space only on a substand also in spaformation concrm. h station's call associated with | y television state the accounting of June 24, 198 4), or 76.63 (red) in the next perspect to any attions, or auth G—but do list titute basis. The state of the st | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried trute basis station report origination cording to its over | (1) stations carried the carriage of certain (e)(2) and (4))]; as as carried by your come Special Statement d both on a substitutions, see page (v) or in program services ter-the-air designation | ···· | G Primary Transmitters: Television |
| each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the desi | | | | | | |
| | | CHANN | EL LINE-UP | AV | | |
| 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> |
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

| FORM SA3E. PAGE 3. | | | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|---|------|--|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name | | |
| BLUE RIDGE C | ABLE TECH | HNOLOGIE | SINC | | 3324 | 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 our 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)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial edu | | | | | | | | |
| Column 6: Give the | e location of ea | ch station. Fo | r U.S. stations, | list the community | d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | | | |
| Note: If you are utilizing | | | | • | | | | |
| | | CHANN | EL LINE-UP | AW | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 3324 **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 AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. | | | | | | | PERIOD: 2018/ |
|---|--|---|---|--|---|---------------|------------------------------|
| LEGAL NAME OF OWNER OF BLUE RIDGE CABLE | | | | | \$ | SYSTEM ID# | Name |
| BLUE RIDGE CABLE | IECHNOL | OGIES INC | | | | 3324 | |
| SUBSTITUTE CARRIAGI | E: SPECIA | L STATEMEN | IT AND PROGRAM LOG | | | | _ |
| In General: In space I, ident substitute basis during the a explanation of the programm | ccounting pening that must | eriod, under spe st be included in | cific present and former FC this log, see page (v) of the | C rules, regula | ations, or authorizations. | For a further | Substitute Carriage: |
| 1. SPECIAL STATEMENDuring the accounting per | _ | | | o any nonno | twork tolovicion program | | 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 SUBSTITUTE | | | e blank. If your answer is " | Yes," you mu | ust complete the progran | n | |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for pi | ace, please a of every no distant state gulations, o otion. Do no Lucy" or "NE m was broad sign of the sadcast stationatian stationatia | attach additional nnetwork televition and that your authorizations at use general cast live, enterestation broadca on's location (thous, if any, the owner your system of a program carried listed program ons in effect du | al pages. Ision program (substitute pur cable system substitute program is the community to which the community with which the community with which the stem carried the substitute pur carried the substitute pur carried by a system from 6:01:10 was substituted for program in the accounting period. | rogram) that, d for the progeral instruction "basketball". lo." m. station is lice station is ider program. Use cable system. 5 p.m. to 6:2 mming that y to enter the let | during the accounting ramming of another stations located in the paper List specific program nsed by the FCC or, in niffied). numerals, with the mon List the times accurately 8:30 p.m. should be our system was required ter "P" if the listed pro | th y | |
| effect on October 19, 1976 | | | | | EN SUBSTITUTE | 7. REASON | |
| | SUBSTITUT 2. LIVE? | E PROGRAM 3. STATION'S | | 5. MONTH | IAGE OCCURRED 6. TIMES | FOR DELETION | |
| TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | DELETION | |
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ACCOUNTING PERIOD: 2018/2 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3324 **BLUE RIDGE CABLE TECHNOLOGIES INC PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time 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 | | | OALL GION | WHEN CARRIAGE OCCURRED | | | | |
|-----------|------------------------|------|-----|-----------|------------------------|-------|------|----|----|
| CALL SIGN | | H | OUR | S | CALL SIGN | HOURS | | RS | |
| | DATE | FROM | | TO | | DATE | FROM | | TO |
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| | L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name | | | |
|--|--|--|------------------------------|---|--|--|--|
| BLU | JE RIDGE CABLE TECHNOLOGIES INC | | 3324 | Name | | | |
| Inst all a (as i page | CSS RECEIPTS Pructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts. | ondary transmission ompute this amount, | service see 362,898.97 | K Gross Receipts | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | |
| | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ς 3 below. | e entered on line 1 o | f | | | | |
| ▶ If pa | rt 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be low. | entered on line 2 in b | llock | | | | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be entered on lin | е | | | | |
| 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. Line 1. Enter the amount of gross receipts from space K | e is 1.064 percent of | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | . ,, | | | | | |
| | This is your minimum fee. | \$ | 14,501.25 | | | | |
| 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. No—Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or | nn 4, you must checlod? | k | | | | |
| Block 3 | 4, or part 9, block A of the DSE schedule. If none, enter zero | \$ | 845.72 | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | 0.00 | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | 845.72 | | | | |
| 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 | \$ | 14,501.25 | 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 | | 0.00 | submitting additional deposits under | | | |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | 0.00 | Section 111(d)(7) should contact | | | |
| | Line 4. FILING FEE | <u>\$</u> | 725.00 | additional fees. Division for the | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 15,226.25 | 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 | | | | | |

| Mana | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | | | | | | | |
|------------------------------|--|--|------------|--|--|--|--|--|--|--|
| Name | BLUE RIDGE CABLE TECHNOLOGIES INC | | 3324 | | | | | | | |
| | CHANNELS | | | | | | | | | |
| M | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations | | | | | | | | | |
| Chamala | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | | |
| Channels | 1. Enter the total number of channels on which the cable system carried television broadcast stations | | | | | | | | | |
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| | on which the cable system carried television broad | 68 | | | | | | | | |
| | and nonbroadcast services | | | | | | | | | |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER IN we can contact about this statement of account.) | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | | | | | | | | |
| for Further | Name Carl Litwin | Name Carl Litwin Telephone 610-826-9109 | | | | | | | | |
| Information | Address PO Box 215 | | | | | | | | | |
| | (Number, street, rural route, apartment, or suite nu | mber) | | | | | | | | |
| | Palmerton, Pa 18071 (City, town, state, zip) | | | | | | | | | |
| | (6.1), 16.111, 5.116, 2.15, | | | | | | | | | |
| | Email clitwin@pencor.com | Fax (optional) | | | | | | | | |
| | OFFICIATION (This statement of account mount ha | and the desired and all all and all and all all and all all and all all and all all all and all all and all all and all all all all all all all all all al | | | | | | | | |
| 0 | CERTIFICATION (This statement of account must be | e certifed and signed in accordance with Copyright Office regulations. | | | | | | | | |
| Certification | • I, the undersigned, hereby certify that (Check one, bu | at only one, of the boxes.) | | | | | | | | |
| | _ | | | | | | | | | |
| | (Owner other than corporation or partnership) | am the owner of the cable system as identifed in line 1 of space B; or | | | | | | | | |
| | (Agent of owner other than corporation or partn | ership) I am the duly authorized agent of the owner of the cable system as identi | ified | | | | | | | |
| | in line 1 of space B and that the owner is not a | | | | | | | | | |
| | X (Officer or partner) I am an officer (if a corporation | n) or a partner (if a partnership) of the legal entity identifed as owner of the cable | system | | | | | | | |
| | in line 1 of space B. | | | | | | | | | |
| | I have examined the statement of account and hereby | y declare under penalty of law that all statements of fact contained herein | | | | | | | | |
| | are true, complete, and correct to the best of my knowl [18 U.S.C., Section 1001(1986)] | ledge, information, and belief, and are made in good faith. | | | | | | | | |
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| | X /s/ David L. Mase | nheimer | | | | | | | | |
| | | the line above using an "/s/" signature to certify this statement. | | | | | | | | |
| | | tering the first forward slash of the /s/ signature, place your cursor in the box and pre ur name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility sett | | | | | | | | |
| | Typed or printed name: Da v | vid Masenheimer | | | | | | | | |
| | Typed of printed haine. Dat | The maconifolities | | | | | | | | |
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| | Title: President | | | | | | | | | |
| | (Title of official position he | eld in corporation or partnership) | | | | | | | | |
| | Date: February 7, 2019 | | | | | | | | | |
| | Date. 1 collady 1, 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 332 | Namo |
|--|---|
| 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 |
| YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name Mailing Address Name Mailing Address State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. State of the total here and list the satellite carrier(s) below. | |
| 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 | |

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 | 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 DSFs | 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)

ACCOUNTING PERIOD: 2018/2

| DSE SCHEDULE. PAG | SE 11. (CONTINUED) | | | | | | | |
|----------------------|--|------------------------|---------------------------------|---------------------------------------|---------------------------|---------|--|--|
| 1 | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | |
| • | BLUE RIDGE CABLE 1 | TECHNOLOGIE | S INC | | | 3324 | | |
| | SUM OF DSEs OF CATEGO | | | | | | | |
| | Add the DSEs of each static | | | | 0.05 | | | |
| | Enter the sum here and in lin | ie 1 of part 5 of this | s schedule. | | 0.25 | | | |
| 2 | Instructions: | | | | | | | |
| | In the column headed "Cal of space G (page 3). | I Sign": list the cal | I signs of all distant stations | s identified by t | he letter "O" in column 5 | | | |
| Computation | In the column headed "DSI | E": for each indepe | endent station, give the DSI | E as "1.0"; for | each network or noncom- | | | |
| of DSEs for | mercial educational station, g | | 25." | | | | | |
| Category "O" | | | CATEGORY "O" STATION | | | • | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
| | WSKG | 0.250 | | | | | | |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC | | | | | | | | STEM ID# 3324 | |
|--|---|---|---------------------------------|-------------------------------------|---------------------------------|---------------------------|---------------|-----------------------|------------------|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity | Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. 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. | | | | | | | | | |
| Сараспу | CATEGORY LAC STATIONS: COMPUTATION OF DSEs | | | | | | | | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | JRS O ED BY S M O | UMBER F HOURS TATION N AIR | 4. BASIS OI CARRIAC VALUE | GE ' | TYPE VALUE | 6. DSI | = | |
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| | | | ÷ | = | | x | | = | | |
| | Add the DSEs of | OF CATEGORY LAC S of each station. m here and in line 2 of page | | e, | | | 0.00 | | | |
| Computation of DSEs for Substitute-Basis Stations | Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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). | | | | | | | | | |
| | | SU | BSTITUTE-BAS | IS STATION | S: COMPUTA | ATION OF DSE | Es | | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRA | OF | JMBER DAYS YEAR | 4. DSE | |
| | | ÷ | | = | | | ÷ | | = | |
| | | ÷ | | = | | | ÷ | | = | |
| | | + | = | | | | ÷ | | = | |
| | | ÷ | | = | | | ÷ | : | | |
| | SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, | | | | | | | | | |
| 5 Total Number of DSEs | TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system. 1. Number of DSEs from part 2 ● | | | | | | | | | |
| | TOTAL NUMBER | K UF DOES | | | | | ^ | | 0.25 | |

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

| | OWNER OF CABLE | | S INC | | | | | S' | YSTEM ID# 3324 | Name |
|--|---|---|--|---|--|--------------------------------|--|---|-------------------|---|
| In block A: • If your answer if schedule. | ck A must be come "Yes," leave the re "No," complete blo | emainder of _l | | 7 of the DSE sche | edule blank a | and | l complete pa | art 8, (page 16) of | the | 6 |
| your amono | . to, complete all | | | ELEVISION M | ARKETS | | | | | Computation of |
| effect on June 24 | m located wholly o , 1981? nplete part 8 of the plete blocks B and | schedule—I | • | | | | | | gulations in | 3.75 Fee |
| | | BLO | CK B: CARR | IAGE OF PERI | MITTED D | SE | s | | | |
| Column 1: CALL SIGN | under FCC rules | and regulatine DSE Sche | ons prior to Ju edule. (Note: T | part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.) | urther explar | nati | on of permitt | ted stations, see t | he | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursus *F A station pre | les and regued pursuant on as define al education d station (76. or DSE scheo ant to individ viously carrie JHF station v | ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B | 76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding sure (76.7) ne or substitute bacontour, [76.59(d)(| ose in effect of 6.57, 76.59(de)(1), 76.63(63(a) referring the bestitution of the stitution of the stitution to Jessis prior | on (b), (a) ng gra | June 24, 198 76.61(b)(c), referring to 7 to 76.61(d) andfathered s | 76.63(a) referring 76.61(e)(1 stations in the | | |
| Column 3: | *(Note: For those this schedule to | e stations ide determine the | entified by the le DSE.) | n parts 2, 3, and 4 etter "F" in column | 1 2, you mus | | omplete the v | . ° | Т | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
| WSKG | С | 0.25 | | | | 4 | | | | |
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| | | В | SLOCK C: CC | MPUTATION OF | F 3.75 FEE | | | | | |
| Line 1: Enter the | e total number of | DSEs from | part 5 of this | schedule | | | | | | |
| Line 2: Enter the | e sum of permitte | d DSEs fro | m block B ab | ove | | | | | | |
| | line 2 from line 1 leave lines 4–7 b | | | • | | 5 r | ate. | | | |
| Line 4: Enter gro | oss receipts from | space K (p | age 7) | | | | | x 0.03 | 375 | Do any of the DSEs represen partially |
| Line 5: Multiply I | line 4 by 0.0375 a | and enter s | um here | | | | | x | | permited/ partially nonpermitted carriage? |
| Line 6: Enter tot | al number of DSI | Es from line | e 3 | | | | | | | If yes, see part 9 instructions. |
| Line 7: Multiply I | line 6 by line 5 ar | nd enter hei | re and on line | 2, block 3, spac | e L (page 7 | 7) | | | 0.00 | |

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

| UE RIDO | GE CABLE TECH | NOLOGIES | SINC | | | | | 3324 | Name |
|-----------------|-----------------------|----------|-----------------|--------------------|-----------|-----------------|-----------------------|--------|-------------------------|
| | | BLOCK | A: TELEVIS | ION MARKET | S (CONTIN | UED) | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | Computation of 3.75 Fee |
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| Name | LEGAL NAME OF OWN | NER OF CABLE | E SYSTEM: | | | | | | S | YSTEM ID# |
|---|---|--|---|--|--|---|---|---|--|-----------|
| Name | BLUE RIDGE C | ABLE TEC | HNOLOGIES IN | NC | | | | | | 3324 |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compan in block | or to June 25, call sign for eather DSE for the DSE for the DSE for the basis of CCC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under all instructions the station's Ie the DSE figure B, column 3 differentiation you information you | 1981, under forme ach distant station in his station for a sing period and year is arriage on which the regulations cited be mming: Carriage, colon, or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 for the current ures listed in column of part 6 for this state ou give in columns | r FCC rules governed to the care to the ca | ver let per ria arritho asi (1) s 7 auti | entifed by the letter "F" rning part-time and subtter "F" in column 2 of priod, occurring betweel ge and DSE occurred ried by listing one of the ose in effect on June 24 is, of specialty program 1)). 76.59(d)(3), 76.61(e)(3) thorizations. For further dash computed in parts at the smaller of the two one accurate and is subject to the subject of the subject in parts and the smaller of the two one accurate and is subject in parts and the smaller of the two one accurate and is subject in parts and the smaller of the two one accurate and is subject in parts and the smaller of the two one accurate and is subject in parts and the smaller of the two one accurate and is subject in parts and the smaller of the | estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981. Inming unde h, or 76.63 (er explanation 2, 3, and 4 of figures he | age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedu | ene 30, 19 ections vi) of the should be | e enterei |
| | | PERMITT | ED DSE FOR STA | TIONS CARRI | =D | ON A PART-TIME AN | ID SUBSTI | TUTE BASIS | | |
| | 1. CALL | 2. PRIC | | COUNTING | | 4. BASIS OF | | RESENT | 6. P | ERMITTED |
| | SIGN | DSE | - | ERIOD | | CARRIAGE | | DSE | U | DSE |
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| 7 Computation of the | , | "Yes," comple | ete blocks B and C | • | pa | art 8 of the DSE sched | ule. | | | |
| Syndicated | | | BLOCI | K A: MAJOR | TE | ELEVISION MARK | ET | | | |
| Exclusivity | | | | | | | | | | |
| Surcharge | Is any portion of the or | cable system v | vithin a top 100 majo | or television mar | ke | t as defned by section 7 | 6.5 of FCC | rules in effect J | une 24, | 1981? |
| | X Yes—Complete | blocks B and | IC. | | | No—Proceed to | part 8 | | | |
| | | | F/Grade B Contour | | _ | BLOCK | C: Compu | tation of Exem | pt DSEs | 3 |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that places | | | | Was any station listed nity served by the cab to former FCC rule 76 | le system p | | | |
| | Yes—List each s X No—Enter zero a | | th its appropriate per part 8. | mitted DSE | | Yes—List each st X No—Enter zero a | | | ate permi | tted DSE |
| | CALL SIGN | DSE | CALL SIGN | DSE | | CALL SIGN | DSE | CALL SIG | iN | DSE |
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| | - | | TOTAL DSEs | 0.00 | | · | | TOTAL DS | Es | 0.00 |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---------------|---|--------------|---------------------------|
| | BLUE RIDGE CABLE TECHNOLOGIES INC | 3324 | |
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 1,362,898.97 | 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? 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | SE | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| 35 | 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 | | |
| | CECTION 4: CECOND 50 TELEVICION MADVET | | |
| | 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 Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) | SE | |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |

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

| | LEGAL NAN | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|---|--|---|-------------|
| Name | F | BLUE RIDGE CABLE TECHNOLOGIES INC | 3324 |
| 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. | |
| Computation of Base Rate Fee | You mi 6 was 6 • In blo • If you • If you blank What i | ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers cocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions. | w |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | |
| | • Did v | rour cable system retransmit the signals of any partially distant television stations during the accounting period? | |
| | _ | X Yes—Complete part 9 of this schedule. No—Complete the following sections. | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | |
| | Section | | |
| | 1 | Enter the amount of gross receipts from space K (page 7) | |
| | Section 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). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) | _ |
| | | Base Rate Fee | 0.00 |
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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

| EGAL N | | S PERIOD: 2018/ |
|--|---|---------------------------------------|
| DI III | IAME OF OWNER OF CABLE SYSTEM: E RIDGE CABLE TECHNOLOGIES INC 3324 | Name |
| BLUE | RIDGE CABLE TECHNOLOGIES INC 5524 | |
| Section 4 | If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank. | |
| 4 | A. Enter 0.01064 of gross receipts | 8 |
| | (the amount in section 1) | |
| | B. Enter 0.00701 of gross receipts | Computation |
| | (the amount in section 1) \(\bigs\) | of |
| | C. Multiply line B by 3.000 and enter here \$ | Base Rate Fee |
| | D. Enter 0.00330 of gross receipts | |
| | (the amount in section 1) \$ | |
| | E. Subtract 4.000 from total DSEs | |
| | (the figure in section 2) and enter here | |
| | | |
| | F. Multiply line D by line E and enter here \$ \] | |
| | G. Add lines A, C, and F. This is your base rate fee. | |
| | Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 0.00 | |
| | | |
| | RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall do be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G. | 9 |
| receipt | neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude the from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this ion, you must: | Computation of Base Rate Fee |
| Eirot: | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same | and |
| | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of | Syndicated |
| | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. | Exclusivity Surcharge |
| _ | y: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | for |
| also co | : If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must empute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only. | Partially Distant Stations, and |
| How to | o Identify a Subscriber Group for Partially Distant Stations | for Partially Permitted |
| • | : For each community served, determine the local service area of each wholly distant and each partially distant station you do to that community. | Stations |
| outside | Proceed the station of the station of the station of the station of the station is distant and each partially distant station you carried, determine which of your subscribers were located at the station's local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.) | |
| • | E: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each riber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide. | |
| system | | |
| Comp | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber s. | |
| Comp | | |
| Comp groups In each | s. h section: ify the communities/areas represented by each subscriber group. | |
| Comp groups In each • Ident • Give | s. h section: | |

- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 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 block B, part 6 of this schedule.
- ullet Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

ACCOUNTING PERIOD: 2018/2 DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3324 **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.

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

| LEGAL NAME OF OWN | | | | | | S | YSTEM ID# | Name |
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| BLUE RIDGE CAE | SLE IEC | HNULUGIES INC | | | | | 3324 | |
| В | | COMPUTATION OF | | TE FEES FOR EAC | | | | |
| | | SUBSCRIBER GROU | | 1 | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | Commi | unities in Wyomin | g Count | COMMUNITY/ ARE | A Commu | nities in Luzerne | County | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | WSKG | 0.25 | | | Base Rate Fee |
| | | | | | | | | and |
| | | | | | | | | Syndicated |
| | | | | - | | | | Exclusivity |
| | | _ | | | | _ | | Surcharge |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.25 | |
| Gross Receipts First G | Group | \$ 908 | ,930.15 | Gross Receipts Sec | ond Group | \$ 3 | 17,938.40 | |
| | | | | | | | | |
| Base Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 845.72 | |
| | | SUBSCRIBER GROU | | | FOURTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | Commi | unities in Bradford | d County | COMMUNITY/ AREA | 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 | \$ 136 | ,030.42 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| • | • | | | | • | | | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| | | | | III. | | | | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | 845.72 | |
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| 3324 | | | | INOLOGIES INC | ER OF CABL | BLUE RIDGE CAB |
|--|----------|----------------------|---------|-----------------|------------|---|
| SE RATE FEES FOR EACH SUBSCRIBER GROUP | SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION OF | LOCK A: (| Bl |
| SIXTH SUBSCRIBER GROUP | SIXTH | | | SUBSCRIBER GROU | FIFTH | |
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| | | | | | | |
| 0.00 Base Rate Fee Second Group \$ 0.00 | nd Group | Base Rate Fee Secon | 0.00 | \$ | roup | ase Rate Fee First G |
| EIGHTH SUBSCRIBER GROUP | EIGHTH | | JP | SUBSCRIBER GROU | SEVENTH | 9 |
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| 0.00 Total DSEs | | Total DSEs | 0.00 | | | CALL SIGN Cotal DSEs Gross Receipts Third G |

| BLUE RIDGE CA | | LE SYSTEM: HNOLOGIES INC | | | | S | YSTEM ID# 3324 | Name |
|---|----------|-----------------------------|--------------|-----------------------|-----------|----------------|----------------|---------------------|
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| COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | COMMUNITY/ AREA | | SUBSCRIBER GRO | UP 0 | 9 |
| | | | | | | | | Computation |
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| | | | | | | | | Surcharge |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | t Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First | t Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| | ELEVENTH | SUBSCRIBER GRO | UP | | TWELVTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ ARE | Α | | 0 | COMMUNITY/ AREA | <i></i> | | 0 | |
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| | | | | | | | | |
| Total DSEs | | | 0.00 | Total DSEs | | - | 0.00 | |
| Gross Receipts Thir | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |

| BLUE RIDGE CABLE T | ECHNOLOGIES INC | | | | | |
|---|-----------------------|---------------------|----------------------------------|-----------|----------------------|----------------|
| | A: COMPUTATION C | | | | | |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 |
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| otal DSEs | 0.00 | Total DSEs | | | 0.00 |
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| Base Rate Fee Third Group \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 |

| Name | 3324 | | | | | INOLOGIES INC | | LEGAL NAME OF OWNE BLUE RIDGE CAB |
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| | | IBER GROUP | I SUBSCRI | TE FEES FOR EAC | BASE RA | COMPUTATION OF | _OCK A: (| Bl |
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| 0.00 | | Total DSEs | 0.00 | | | Fotal DSEs |
| | n Group | Total DSEs Gross Receipts Fourt | 0.00 | \$ | Group | |
| | n Group | | | \$ | Group | Fotal DSEs Gross Receipts Third G |

| Name | YSTEM ID# 3324 | S | | | | | | LEGAL NAME OF OWNE BLUE RIDGE CAB |
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| | | BER GROUP | SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION OF | OCK A: C | BL |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | roup | 3ase Rate Fee First G |
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| | 0.00 | | | Total DSEs | 0.00 | | | Fotal DSEs |
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| | ABLE SYSTEM: CHNOLOGIES INC | | | | S | YSTEM ID# 3324 | Name |
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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 | cond Group | \$ | 0.00 | |
| FORTY-SEVENT | TH SUBSCRIBER GRO | OUP | FO | RTY-EIGHTH | I SUBSCRIBER GROU | JP | |
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| Fotal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| | \$ | 0.00 | Total DSEs Gross Receipts Fou | urth Group | \$ | 0.00 | |
| Fotal DSEs Gross Receipts Third Group | \$ | | | urth Group | \$ | _ | |

| | BLE SYSTEM: CHNOLOGIES INC | ; | | | 8 | YSTEM ID# 3324 | Name |
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| BLOCK A | COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
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| BLUE RIDGE CABLE TEC | BLE SYSTEM: CHNOLOGIES INC | ; | | | S | YSTEM ID# 3324 | Nan |
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| BLOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
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| COMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | | | <u>0</u> | Comput |
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| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| SLUE RIDGE CABLE TE | BLE SYSTEM: CHNOLOGIES INC | : | | | S | YSTEM ID# 3324 | Name |
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| BLOCK A | COMPUTATION O | F BASE RA | TE FEES FOR EA | CH SUBSCF | RIBER GROUP | | |
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| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| ross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FIFTY-NINT | H SUBSCRIBER GRO |)UP | | SIXTIETH | I SUBSCRIBER GROU | JP | |
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| BLUE RIDGE CABLE TEC | LE SYSTEM: HNOLOGIES INC | ; | | | S | YSTEM ID# 3324 |
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| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | | • | 0.00 |
| | <u> </u> | 0.00 | Dase Nate i ee Seco | ona Group | \$ | 0.00 |
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| | 0.00 | \$ SUBSCRIBER GROU | d Group Y-EIGHTH DSE | Base Rate Fee Secon SIX* COMMUNITY/ AREA CALL SIGN Total DSEs | 0.00 JP | \$ SUBSCRIBER GROU | DSE | SIXTY-SOMMUNITY/ AREA CALL SIGN Total DSEs |
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| | ABLE SYSTEM: CHNOLOGIES INC | c | | | S | YSTEM ID# 3324 | Name |
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| BLOCK A | A: COMPUTATION C | F BASE RA | TE FEES FOR EAG | CH SUBSCR | RIBER GROUP | | |
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| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Fotal DSEs Gross Receipts Third Group | \$ | | | rth Group | \$ | - | |

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| | 0.00 | SUBSCRIBER GROL | Y-EIGHTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | EIGHTY-C |
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| | 0.00 | SUBSCRIBER GROL | Y-EIGHTH | Base Rate Fee Secon EIGHT COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | EIGHTY-C |
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| NINETY-FIFT | <u></u> | | | INETY-SIXTH | | |
| NINETY-FIFT | <u></u> | OUP | NI | INETY-SIXTH | | JP |
| NINETY-FIFT | TH SUBSCRIBER GRO | OUP 0 | NI COMMUNITY/ ARE | INETY-SIXTH | I SUBSCRIBER GROU | JP 0 |
| NINETY-FIFT | TH SUBSCRIBER GRO | OUP 0 | NI COMMUNITY/ ARE | INETY-SIXTH | I SUBSCRIBER GROU | JP 0 |
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| F | BLOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCE | RIBER GROUP | | |
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| BLOCK A: | COMPUTATION O | F BASE RA | ATE FEES FOR EAC | H SUBSCR | RIBER GROUP | | |
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| Base Rate Fee First Group ONE HUNDRED THIRTY-FIF | | | | | \$ I SUBSCRIBER GROUP | | |
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| Base Rate Fee: Add to | | | scriber group | as shown in the boxe | es above. | \$ | | l |

| BLUE RIDGE CABLE | CABLE SYSTEM: ECHNOLOGIES | INC | | | S | YSTEM ID# 3324 | Name |
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| ONE HUNDRED FIR | TY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRI | ED SIXTIETH | SUBSCRIBER GROUP | 1 | |
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| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| ross Bossints First C | roup | ¢ 008 | ,930.15 | Cross Bossints Cossn | d Croup | · 3 | 17,938.40 | |
| ross Receipts First G | Toup | \$ 908 | ,930.13 | Gross Receipts Secon | u Group | \$ 3 | 11,930.40 | |
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| ase Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | JP | | FOURTH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | Commi | unities in Bradfor | d Count | COMMUNITY/ AREA | | | 0 | |
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| otal DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Succes Descripte Third (| Group | \$ 136 | ,030.42 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Gross Receipts Third (| | | | | | | | |
| | Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| ise Rate Fee Third C | · . | | | Base Rate Fee Fourth as shown in the boxes a | | \$ | 0.00 | |

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| 9 Computation | YSTEM ID# 3324 | s | | | | | | BLUE RIDGE CAE |
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| | 0.00 JP | SUBSCRIBER GROU | Y-EIGHTH | FORT COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | SEVENTH | FORTY-S |
| - | 0.00 | SUBSCRIBER GROU | Y-EIGHTH DSE | FORT COMMUNITY/ AREA CALL SIGN | JP 0 | SUBSCRIBER GROU | DSE | FORTY-S COMMUNITY/ AREA CALL SIGN Total DSEs |
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| Name Name | 3324 | | | | | INOLOGICO INO | BLE TECH | BLUE RIDGE CAB |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
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| LEGAL NAME OF OWNI BLUE RIDGE CAE | | | • | | | S | YSTEM ID# 3324 | Name |
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| | TY-THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ······ | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| FIF | TY-FIFTH | SUBSCRIBER GRO |)UP | F | FIFTY-SIXTH | I SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | · | | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| | :p | i. | 5.50 | | In | l., | 3.50 | |
| Base Rate Fee: Add tl Enter here and in bloc | | | scriber group | as shown in the boxes | s above. | \$ | | |

| SYSTEM ID# 3324 | | HNOLOGIES INC | CABLE TEC | BLUE RIDGE CA |
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| BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | |
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| 0.00 Gross Receipts Second Group \$ 0.00 | _ | \$ | rst Group | Gross Receipts First 0 |
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| LEGAL NAME OF OWNER BLUE RIDGE CABL | | | • | | | S | YSTEM ID# 3324 | Name |
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| | Y-FIRST | SUBSCRIBER GRO | | | Y-SECOND | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computatio |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gro | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gro | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| | /-THIRD | SUBSCRIBER GRO | | İ | Y-FOURTH | I SUBSCRIBER GROU | | |
| 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 | 1 | | 0.00 | |
| Gross Receipts Third Gr | oup | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| | | | | li | | _ | | |
| Base Rate Fee Third Gr | OUD | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| Total DSEs Gross Receipts Third Gr | oup | \$ | | | n Group | \$ | | |

| OF CABLE SYSTEM: E TECHNOLOGIES INC 3324 | | | | | | DLE IEU | BLUE RIDGE CAE |
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| CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
| -FIFTH SUBSCRIBER GROUP SIXTY-SIXTH SUBSCRIBER GROUP | SUBSCRIBER GRO | KTY-SIXTH | | | SUBSCRIBER GROU | (TY-FIFTH | |
| O COMMUNITY/ AREA O | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| gross Receipts Second Group \$ 0.00 | \$ | d Group | Gross Receipts Seco | 0.00 | \$ | Group | Gross Receipts First G |
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| \$ 0.00 Base Rate Fee Second Group \$ 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | Group | Base Rate Fee First G |
| Base Rate Fee Second Group \$ 0.00 VENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP | 1 | | | | | | |
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| VENTH SUBSCRIBER GROUP O COMMUNITY/ AREA O | SUBSCRIBER GRO | Y-EIGHTH | SIX COMMUNITY/ AREA | UP 0 | SUBSCRIBER GROU | SEVENTH | SIXTY-: COMMUNITY/ AREA |
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| VENTH SUBSCRIBER GROUP O COMMUNITY/ AREA O | SUBSCRIBER GRO | Y-EIGHTH | SIX COMMUNITY/ AREA CALL SIGN | DSE | SUBSCRIBER GROU | SEVENTH | SIXTY-I |
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| LEGAL NAME OF OWNER BLUE RIDGE CAB | | | | | | S | YSTEM ID# 3324 | Name |
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| BL | OCK A: (| COMPUTATION C | F BASE RA | TE FEES FOR EAG | CH SUBSCF | RIBER GROUP | | |
| SIXT | Y-NINTH | SUBSCRIBER GRO | DUP | ; | SEVENTIETH | H SUBSCRIBER GRO | UP | 0 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVEN | TY-FIRST | SUBSCRIBER GRO | DUP | SEVEN | ITY-SECONE | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| | roup | <u> </u> | | | rth Group | ¢ | | |
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| LEGAL NAME OF OWNER BLUE RIDGE CAB | | | • | | | S | YSTEM ID# 3324 | Name |
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| | | | | TE FEES FOR EACH | | | | |
| | Y-THIRD | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALLSION | DOE | CALL SIGN | DSE | | Dec | Computation of |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Base Rate Fee |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
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| SEVEN | Y-FIFTH | SUBSCRIBER GROU | JP | SEVE | NTY-SIXTH | I SUBSCRIBER GROU | JP | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
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| | YSTEM ID# 3324 | | | | | | | BLUE RIDGE CAB |
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| LEGAL NAME OF OWNER BLUE RIDGE CAB | | | • | | | S | YSTEM ID# 3324 | Name |
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| LEGAL NAME OF OWNE BLUE RIDGE CAB | | | | | | S | 3324 | Name |
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| LEGAL NAME OF OWNE BLUE RIDGE CAB | | | ; | | | S | 3324 | Name |
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| BL | OCK A: (| COMPUTATION OF | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNE BLUE RIDGE CAB | | | | | | S | YSTEM ID# 3324 | Name |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 3324 | | | | | | | | Name |
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| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP | | | ONE HUNDRED FIFT | 9 | | | | |
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| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes a | above. | \$ | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC 3324 | | | | | | | |
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| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | COMMUNITY/ AREA |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 | SUBSCRIBER GROU | SIXTIETH | ONE HUNDRED | JP 0 | SUBSCRIBER GROU | TY-NINTH | ONE HUNDRED FIF |
| | JP 0 DSE | SUBSCRIBER GROU | DSE | ONE HUNDREI COMMUNITY/ AREA CALL SIGN | JP 0 | SUBSCRIBER GROU | DSE | ONE HUNDRED FIF |

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 3324 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 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** 3324 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 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 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** 3324 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 3324 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. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 3324 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. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH 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 Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH 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** 3324 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. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-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 Second Group TWENTY-THIRD SUBSCRIBER GROUP TWENTY-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** 3324 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. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-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 TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-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 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** 3324 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. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH 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 THIRTY-FIRST SUBSCRIBER GROUP THIRTY-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 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** 3324 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. THIRTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-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 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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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 3324 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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