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						
03/01/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.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										
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioa Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 1034643									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	COUNTRY CABLEVISION INC									
	03464320182									
				034643 2018/2						
	9449 STATE HWY 197 SOUTH									
	BURNSVILLE NC 28714									
С	INSTRUCTIONS: In line 1, give any business or trade names used to id									
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b						
Area Served	with all communities.	OT 4 TE								
	CITY OR TOWN	NC STATE								
First Community	BURNSVILLE									
	Below is a sample for reporting communities if you report multiple cha	Innel line-ups in S	pace G. CH LINE UP	SUB GRP#						
_	Alda	MD	A	1						
Sample	Alliance	MD	В	2						
	Gering	MD	В	3						

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

FORM SA3E. PAGE 1b.				1							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
COUNTRY CABLEVISION INC			034643								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.											
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.											
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).											
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) are (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gro										
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
BURNSVILLE	NC	Α	2	First							
YANCEY COUNTY	NC	Α	2	Community							
MADISON COUNTY	NC	Α	2								
MITCHELL COUNTY	NC	Α	1								
SPRUCE PINE	NC	Α	1								
LITTLE SWITZERLAND	NC	Α	3	See instructions for							
				additional information							
				on alphabetization.							
				A d d							
				Add rows as necessary							
		-									
				1							

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COUNTRY CABLEVISION INC

SYSTEM ID#

034643

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	R/	ATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	F	RATE
Residential:								
Service to first set	2,407	\$	57.99			1,149	\$	24.99
 Service to additional set(s) 							[
FM radio (if separate rate)								
Motel, hotel				-				
Commercial				-				
Converter								
Residential								
Non-residential								
	1			1 1		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							BLOCK 2	
CATEGORY OF SERVICE	Y OF SERVICE RATE CATEGORY OF SERVICE RATE							RATE
Continuing Services:			Installation: Non-residential					
Pay cable	\$	19.00	Motel, hotel					
 Pay cable—add'l channel 	10.0	0-15.00	Commercial					
Fire protection			Pay cable					
 Burglar protection 			 Pay cable-add'l channel 					
Installation: Residential			Fire protection					
First set	\$	39.00	Burglar protection					
 Additional set(s) 	\$	10.00	Other services:					
 FM radio (if separate rate) 			Reconnect	\$	29.00			
Converter			Disconnect					
			Outlet relocation					
			 Move to new address 			1		

FORM SA3E. PAGE 3.					evetem in	4
COUNTRY CA					SYSTEM ID# 034643	Name
PRIMARY TRANSMITT					00-10-10	,
In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specifc FC Do not list the station station was carried	G, identify ever system during t tions in effect o 6.61(e)(2) and o sis, as explaine Stations: With CC rules, regulant here in space	y television st he accounting n June 24, 19 (4), or 76.63 (d in the next respect to any ations, or auth G—but do lis titute basis.	g period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations: t it in space I (the	(1) stations carrine carriage of certain (e)(2) and (4))]; as carried by your see Special Statement.	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 tent and Program Log)—if the	G Primary Transmitters: Television
basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA" WETA-simulcast). Column 2: Give the its community of licenon which your cable seducational station, by (for independent multiper the meaning of the Column 4: If the signal planation of local server Column 5: If you he cable system carried the distant station of the carried the distant station.	nformation condorm. ch station's call associated with A-2". Simulcast we channel number. For example, ystem carried the in each case y entering the lectors, "E" (for nese terms, see lattion is outside rice area, see phave entered "Y the distant statition on a part-ti	sign. Do not a streams must ber the FCC he, WRC is Chne station. Whether the ster "N" (for noncommercial page (v) of the the local seriage (v) of the es" in column on during the me basis became in the local seriage (v) of	report origination cording to its over the reported in the rep	ns, see page (v) on program service er-the-air designate column 1 (list each the television standington, D.C. This park station, an indefor network multipor "E-M" (for none to tions located in the distant"), enter "Y ions located in the mplete column 5, and Indicate by erectivated channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity.	
of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	t entered into o a primary trans simulcasts, als hree categories e location of ea Canadian statio	n or before Jumitter or an a o enter "E". If a, see page (vach station. Foons, if any, givennel line-ups,	ane 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, e the name of the	etween a cable sy esenting the prima channel on any c instructions locate list the communit ne community wit space G for each	y payment because it is the subject retem or an association representing any transmitter, enter the designather 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. In channel line-up.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WCYB	5	N	NO		BRISTOL, VA	
WUNF	33	E	NO		ASHEVILLE, NC	See instructions for
WJHL	11	N	NO		JOHNSON CITY, TN	additional information
WLOS	13	N	NO		ASHEVILLE, NC	on alphabetization.
WHNS	21	I	NO		ASHEVILLE, NC	
WMYA	40	I	NO		ANDERSON, SC	
WYCW	62	I	NO		ASHEVILLE, NC	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	NC			034643	- Tumo
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television standard page (v) of the local servage (v) of the local se	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a sassigned to the station is a network ation is a network of the stational, on the stational of the stat	(1) stations carried to carriage of certar (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statistington, D.C. This work station, an indefor network multicure. "E-M" (for noncontrollocated in the special state of the service of the state of the s	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AB		
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	
					ļ	
					ļ	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
COUNTRY CAR	BLEVISION	NC			034643			
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried only our cable system during the accounting period, except (1) stations carried only on a part-lime 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 in								
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	AC				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
COUNTRY CAE	BLEVISION I	NC			034643	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(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 "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 multicast). For the meaning of these terms, see p								
Note: If you are utilizing				•				
		CHANN	EL LINE-UP	AD				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
COUNTRY CAE	BLEVISION	INC			034643				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial									
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,		CHANN	EL LINE-UP	ΔF					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.						•			
LEGAL NAME OF OWN					SYSTEM ID#	Name			
COUNTRY CAE	BLEVISION I	NC			034643				
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast),									
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Note: If you are utilizin	g multiple char		·		channel line-up.				
			EL LINE-UP						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.						,			
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
COUNTRY CAE	SLEVISION I	NC			034643	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), 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"									
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		CHANN	EL LINE-UP	AG					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
					<u> </u>				

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN					SYSTEM ID#	Name		
COUNTRY CAE	BLEVISION I	NC			034643			
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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	- '	CHANN	EL LINE-UP	AH	·			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
				, ,				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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-		CHANN	EL LINE-UP	ΔΙ		
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
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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		CHANN	EL LINE-UP	AJ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
COUNTRY CAE	BLEVISION I	NC			034643		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 inde							
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		CHANN	EL LINE-UP	AN			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOMBER	OTATION		(II Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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		CHANN	EL LINE-UP	AL		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
COUNTRY CAE	LEVISION I	NC			034643			
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 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.								
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·		CHANN	EL LINE-UP	AM				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN					SYSTEM ID#	Name		
COUNTRY CAB	SLEVISION I	NC			034643			
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for								
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Note: If you are utilizing	<u> </u>	•	EL LINE-UP	•				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
COUNTRY CAE	BLEVISION	NC			034643	Nume		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(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 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 "Lorenting the station is over-the-air in its community of license. For example								
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	AO				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
					-			
	<u> </u>							

FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN					SYSTEM ID#	Name
COUNTRY CAR	BLEVISION	NC .			034643	
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute 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 each multicast stream cast stream as "WETA-simulcast). Column 2: Give the	ers: TELEVISIC G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With I CC rules, regula In here in space only on a subs and also in spat information concurrent. In station's call associated with -2". Simulcast e channel numb	y television standard programmer of the accounting of June 24, 1984, or 76.63 (rd in the next prespect to any attons, or auth G—but do list it tute basis. In accept, if the standard programmer of the astation accept of the standard programmer of the standard progr	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 cording to its ow- be reported in on as assigned to	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designation of the television statistics.	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the stute basis and also on some other af the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- a stream separately; for example son for broadcasting over-the-air in	G Primary Transmitters: Television
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station 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, gi						
	1	CHANN	EL LINE-UP	AP		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
COUNTRY CAE	3LEVISION I	INC			034643	Humo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 multicast), "" (for independent), "I-M" (for independent multicast), ""							
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	AQ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN					SYSTEM ID#	Name		
COUNTRY CAB	SLEVISION I	NC			034643			
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 ind								
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Note: If you are utilizing	9	•	EL LINE-UP	•	onamic mic 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			
	HOMBER	31,111011		(ii Distairt)				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
COUNTRY CAE	BLEVISION	INC			034643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 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 ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consistence of	he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In accepting substitute basis of the statement of the astation acception as the statement of th	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	s 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 tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	rentering the lecast), "E" (for no ese terms, see leation is outside ce area, see pave entered "Yithe distant static ion on a part-tirition of a distant at entered into or a primary transsimulcasts, also ree categories e location of ea Canadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an area coloner "E". If , see page (v) ch station. For oncommercial page (v) ch station.	etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, io d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If to which the station is licensed by the many which the station is identifed.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLES				SYSTEM ID#	Name			
COUNTRY CABLEVISION	INC			034643				
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), 07.6.61(e)(2) and (4), 07.6.63 (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 "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). For the meaning of these terms, see page (v) o								
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Note: If you are utilizing multiple cha	• •	•	•	channel line-up.				
2 0/04		EL LINE-UP		C LOCATION OF STATION				
1. CALL 2. B'CAST SIGN CHANNEL	3. TYPE - OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
NUMBER	STATION		(If Distant)					

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
COUNTRY CAE	BLEVISION I	NC			034643		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifs 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 pager 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), "F" (for independent), "I-M" (for in							
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in r U.S. stations, the the name of the use a separate	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
	1	CHANN	EL LINE-UP	AU			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NUMBER	STATION		(II Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
COUNTRY CAE	3LEVISION I	NC			034643	<u> </u>
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 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 eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	system during the constant of	he accounting n June 24, 1984, or 76.63 (red in the next prespect to any attons, or auth G—but do list titute basis. ace I, if the stateming substite sign. Do not reh a station accentreams must be the FCC hee, WRC is Chane station.	g period, except 81, permitting the referring to 76.6 paragraph. It is distant stations norizations: It it in space I (the ation was carried tute basis station report origination cording to its own to be reported in contact as assigned to the ation was has assigned to the same I 4 in Wash	(1) stations carried to carriage of cert. 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statington, D.C. This	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
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.						
		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	

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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
COUNTRY CAE	LEVISION I	NC			034643	Nume		
PRIMARY TRANSMITTE In General: In space Coarried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bass Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, s basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	RS: TELEVISION Control of the contro	r television stane accounting a June 24, 1984, or 76.63 (r d in the next prespect to anyutions, or auth G—but do list itute basis. ce I, if the stanerning substitusign. Do not real a station according to the FCC her, WRC is Charles station.	period, except 81, permitting the eferring to 76.6 paragraph. I distant stations orizations: I it in space I (the tition was carried ute basis station eport origination coording to its own be reported in coas assigned to the annel 4 in Wash attion is a netwo	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your cee Special Statement both on a substitus, see page (v) on program services er-the-air designaticolumn 1 (list each the television statington, D.C. This ink station, an inde	and low power television stations) do only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinateram separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast) "!" (for independent) "I-M"	G Primary Transmitters: Television		
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
		CHANN	EL LINE-UP	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			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034643 **COUNTRY CABLEVISION 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.							ACCOUNTING	PERIOD: 2018
LEGAL NAME OF OWNER OF COUNTRY CABLEVIS		TEM:				\$	SYSTEM ID# 034643	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC)				_
In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ccounting pening that must	eriod, under spe st be included i	ecific present and former FC n this log, see page (v) of th	C rules, regula	ations, or aut	horizations.	For a further	Substitute Carriage:
During the accounting per broadcast by a distant sta	riod, did you			is, any nonnet	twork televis	ion progran ⊡Yes	ո X No	Special Statement an Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you mu	ıst complete	the prograr	n	Frogram Log
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."	ace, please a of every nor distant state egulations, o oution. Do no Lucy" or "NE m was broad sign of the sadcast stationatian stationa	attach addition nnetwork telev ion and that your authorization t use general of BA Basketball: dcast live, ente station broadca on's location (the ons, if any, the when your system a substitute program on sin effect du	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	orogram) that, d for the progueral instruction is licer station is licer s	during the a ramming of a ns located in List specific nsed by the utified). numerals, where the time 8:30 p.m. shour system when "P" if the ules and reg	ccounting another state the paper program FCC or, in with the more as accurated ould be avas required listed proulations in	tion nth ly	
S	SUBSTITUT	E PROGRAM			N SUBSTIT	JRRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. I FROM –	IMES - TO	DELETION	
						_		
						_		
						_		
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ACCOUNTING PERIOD: 2018/2 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034643 COUNTRY CABLEVISION INC **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
СО	UNTRY CABLEVISION INC	034643	
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seco identified in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary transmission service	K Gross Receipts
IMP	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,125,688.81 (Amount of gross receipts)	
ConConIf you feeIf you accommoder	RIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. In plete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the art from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable part of part of the schedule to your statement of account.	arts of the DSE Schedule	L Copyright Royalty Fee
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.		
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	
Block 1	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		
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 11,977.33	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and of the state	nn 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	<u> </u>	
3	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	\$ -	
Block 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 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	\$ 11,977.33 0.00	Cable systems submitting additional
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 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	\$ 12,702.33	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (a general instructions located in the paper SA3 form and the Excel instructions to		

Name	LEGAL NAME OF OWNER OF CAE		SYSTEM ID#							
Itallic	COUNTRY CABLEVISI	ON INC	034643							
М	_	ive (1) the number of channels on which the cable system carried television broadcast station the cable system's total number of activated channels, during the accounting period.	าร							
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations									
		of activated channels em carried television broadcast stations ees	63							
N Individual to Be Contacted	er Name BRYAN HYDER Telephone 828-682-4706									
for Further Information										
	Address 9449 STATE HWY 197 SOUTH (Number, street, rural route, apartment, or suite number)									
	BURNSVILLE NC 28714 (City, town, state, zip)									
	Email	Fax (optional)								
0	CERTIFICATION (This stat	ement of account must be certifed and signed in accordance with Copyright Office regulation	s.							
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)								
	(Owner other than cor	poration or partnership) I am the owner of the cable system as identifed in line 1 of space B; or								
		than corporation or partnership) I am the duly authorized agent of the owner of the cable system and that the owner is not a corporation or partnership; or	n as identified							
	(Officer or partner) I a in line 1 of space B.	m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of	the cable system							
		ment of account and hereby declare under penalty of law that all statements of fact contained here rect to the best of my knowledge, information, and belief, and are made in good faith. 986)]	nie							
		/s/Bryan Hyder								
	(e.g.	r an electronic signature on the line above using an "/s/" signature to certify this statement. , /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the b button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compa								
	Typed or printed name: BRYAN HYDER									
	Title	: SECRETARY (Title of official position held in corporation or partnership)								
	Date	e: February 28, 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: COUNTRY CABLEVISION INC	YSTEM ID# 034643	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclustic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmist made by satellite carriers to satellite dish owners? X NO	ne fol- asic de sub- 19."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpated for an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment	- days	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	- arge)	
** 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 offling. Owner Address First community served Accounting period ID number	original	

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	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

4 0,000							
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	OSE SCHEDULE. PAGE 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
1	COUNTRY CABLEVISION INC 034643											
	SUM OF DSEs OF CATEGORY "O" STATIONS:											
	Add the DSEs of each station											
	Enter the sum here and in line	0.00										
	Unetructions:		<u> </u>									
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
	of space G (page 3).											
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O"	CALL SIGN	DOE	CATEGORY O STATION		CALL SIGN	DCE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												

		ı I		ı								

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC SYSTEM 0346										
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should 6 Column 3 Column 4 be carried out Column 5 give the type- Column 6	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									
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	F 5. TYPE		SE			
			÷		= <u> </u>	<u>x</u>	=				
						х х					
			÷		=	x					
			÷		=	x	=				
							<u>=</u> 				
			÷	:	=	x	=				
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		nedule,	▶	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). 										
	1			BASIS STATION			T				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	'S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷		=			÷ -	=			
		÷		= =			·	=			
		÷		=			÷	=			
		÷		=			÷ -				
	Add the DSEs	of SUBSTITUTE-BAS of each station. Im here and in line 3 of p				0.00		-			
5		ER OF DSEs: Give the am s applicable to your system		boxes in parts 2, 3, and	4 of this schedul	le and add them to provide	e the tota				
Total Number	1. Number o	1. Number of DSEs from part 2 ●									
of DSEs		2. Number of DSEs from part 3 •									
	3. Number o	f DSEs from part 4 ●				>	0.00				
	TOTAL NUMBE	R OF DSEs					·	0.00			

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

LEGAL NAME OF C							S'	YSTEM ID# 034643	Name
Instructions: Block In block A:	ck A must be com	pleted.							
If your answer if schedule.				7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M.	ARKETS				Computation of
	1981?	outside of all	major and sma		efined under s			gulations in	3.75 Fee
			°K B∙ CΔRR	IAGE OF PERI	MITTED DS	SFe			
Column 1: CALL SIGN	under FCC rules	s of distant st and regulation ne DSE Sche	ations listed in ons prior to Ju dule. (Note: TI	part 2, 3, and 4 or ne 25, 1981. For fune letter M below r	f this schedule urther explana	e that your sys	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu *F A station pre	ules and reguled pursuant to as defined to all educations of the station (76. or DSE schedant to individuationally carries). He station we would be station we would be station we station with the station we station with the station we station with the station we station we station with the station we station we station with the station will be station with the station we station with the station will be station will be station with the sta	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring obstitution of g	n June 24, 198), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 6.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			-	<u>-</u>	
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				-	
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC 034643									Name	
					SION MARKETS					6
	. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
										Computation of 3.75 Fee
<mark></mark>										
<mark></mark>										
<mark></mark>									•••••	
<mark></mark>										
<mark></mark>										
						••••••			••••••	
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<u></u>										
<mark></mark>										
									•••••	
<u></u>										

Name	COUNTRY CABLEVISION INC SYSTEM ID#: 034643											
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FC A—Part-time spin 76.59(B—Late-night price 76.61(S—Substitute case general Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and oecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under al instructions the station's If the the DSE figure 18, column 3 (e) information you	1981, under forme ach distant station his station for a sing period and year carriage on which the regulations cited bounding: Carriage, (1)(1), or 76.63 (refe Carriage under FC certain FCC rules, sin the paper SA3 DSE for the curren ures listed in column of part 6 for this state un give in columns	er FCC rules govidentifed by the igle accounting in which the car he station was of elow pertain to for a part-time borring to 76.61(e) C rules, section regulations, or form. t accounting per and 5 and ation. 2, 3, and 4 musting the government of the section	ver let per ria carr tho asi)(1) s 7 aur	entifed by the letter "F" rning part-time and subter "F" in column 2 of priod, occurring between and DSE occurred ried by listing one of those in effect on June 24 is, of specialty program)). 76.59(d)(3), 76.61(e)(3), thorizations. For further das computed in parts at the smaller of the two one accurate and is subject to the subject in the smaller of the subject in the smaller of the subject in parts and subject in the smaller of the two one accurate and is subject in parts and subject in the smaller of the subject in parts and subject in parts an	stitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde o, or 76.63 (or explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedure. This figure	ections vi) of the should be	e entere		
		PERMITT	ED DSE FOR STA	ATIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			\exists	
	1. CALL SIGN	2. PRIO		COUNTING		4. BASIS OF CARRIAGE		RESENT	6. P	ERMITTED DSE		
											-	
7 Computation of the	,	"Yes," comple	ete blocks B and C	•	pa	art 8 of the DSE sched	ule.					
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET					
Exclusivity Surcharge	• Is any portion of the	cable evetem	within a ton 100 mai	or tolovision mar	·ko·	t as defned by section 7	6 5 of ECC	rules in effect l	uno 24	10012		
Surcharge	Yes—Complete	•	, ,	or television mai	ĸĊ	No—Proceed to		iules III ellect J	une 24,	1901!		
	DI OOK Di O	comicae of V/III	E/Crada D Cantau	. Chatiana	T	DI OCI	(C. Camani	tation of Evons			_	
			F/Grade B Contour		\dashv			tation of Exem	•		_	
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p					
	Yes—List each si		th its appropriate per part 8.	mitted DSE		Yes—List each st X No—Enter zero a			ate permi	tted DSE		
	044 004	T 505 T	T and alon	D05		0.00	205	0.11.00		205		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	IN	DSE		
		 	-	-			 					
			-									
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC	SYSTEM ID# 034643	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,125,688.81	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
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here	_	
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			TEM ID#							
	(COUNTRY CABLEVISION INC	034643							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge.								
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\\$\\$\$								
•		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								
8	6 was	checked "Yes," use the total number of DSEs from part 5.								
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of	-	ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below								
Base Rate Fee	blank What i									
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local								
	service	e area," see page (v) of the general instructions.								
		DLOCK ALCARDIACE OF DARTIALLY DISTANT STATIONS								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	_	Yes—Complete part 9 of this schedule. 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)	0.00							
		Base Rate Fee								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/2

	AME OF OWNER OF CABLE SYSTEM: ITRY CABLEVISION INC	SYSTEM ID# 034643	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **State Control of the image of t		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		Duco Rato I co
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$ \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\} \bigs		
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca		
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann 3.	el line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
	on, you must:		Base Rate Fee
station DSEs a	bivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a detail of the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a detail of the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a few and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a few and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a few and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a few and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a few and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for a few and the portion of your system's gross receipts attributable to the group of the portion of your system's gross receipts attributable to the group of the group	the number of	Syndicated Exclusivity Surcharge
-	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in	part 7 you must	for Partially
also co	many portion or your cable system is located within the top foo television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.	, ,	Distant Stations, and
	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 state to that community.	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	item's subscriber	
	y the communities/areas represented by each subscriber group.		
subscri	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a pers in the group.	I of the	
• lf: 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,	
2) any p	f this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l 6 of this schedule.	olock B,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
• Comp page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the that group's complement of stations and total gross receipts from the subscribers in that group). You do not need	at is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034643 **COUNTRY CABLEVISION 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.

LEGAL NAME OF OWNE COUNTRY CABLE						S	YSTEM ID# 034643	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
		=				 		and
		-		.				Syndicated
				-		<u> </u>		Exclusivity Surcharge
				.	•••••			for
								Partially
								Distant
								Stations
	·····						····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-				
		-						
				.				
	·······				•••••		····	
	<mark>.</mark>	-						
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes	above.	\$	0.00	

Name	934643	S						LEGAL NAME OF OWNE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: (BL
9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GRO	FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						 		
and								
Syndicated Exclusivity								
Surcharge							·	
for								
Partially								
Distant								
Stations							·	
	0.00	-		Total DSEs	0.00	-		Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	5
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
		<u> </u>					-	
						-		
							·	
		=				-		
		_						
	0.00			Total DSEs	0.00			otal DSEs
					0.00			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	eroup	Gross Receipts Third G

Name	934643	S'						COUNTRY CABLE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	_OCK A: (Bl
9		SUBSCRIBER GROU				SUBSCRIBER GRO	NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			<u></u>					
Syndicate Exclusivi			<u></u>					
Surcharg							-	
for						-		
Partially								
Distant						-		
Stations			<u> </u>			-		
	····		<u></u>				·	
		_						
					<u> </u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Fotal DSEs
	0.00		Group	Total DSEs	0.00		Proup	
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third C

COUNTRY CABLEVISIO	ABLE SYSTEM: N INC				S	034643	Name
BLOCK A	A: COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP		
	H SUBSCRIBER GRO		Ħ		I SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	0	Computati		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FIFTEEN	H SUBSCRIBER GRO	OUP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fol	ırth Group	\$	0.00	
	\$			urth Group	\$		

COUNTRY CABL						S	YSTEM ID# 034643	Name
	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Syndicated
								Exclusivity Surcharge
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
N	NINTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l 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.	\$		

COUNTRY CAB						S	YSTEM ID# 034643	Name
				ATE FEES FOR EAC				
TW/		SUBSCRIBER GRO		TWENT		9		
COMMUNITY/ ARE	:A		0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Surcharge
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								Distant Stations
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Total DSEs	<u> </u>	!	0.00	Total DSEs		11	0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP -	
COMMUNITY/ ARE	A		0	COMMUNITY/ AREA	0			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in bl			criber group	as shown in the boxes	above.	¢		
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COUNTRY CABI						S	YSTEM ID# 034643	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		ii —	NTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA	Α		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	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
								I
Base Rate Fee First		\$	0.00	Base Rate Fee Secon		\$	0.00	
		SUBSCRIBER GROU		ii —	ry-eighth	SUBSCRIBER GROU		
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs	1	11	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourtl	n Group	\$	0.00	
	- 1				1-	-		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI						S	YSTEM ID# 034643	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-FIRST	SUBSCRIBER GRO	DUP	THIR	RTY-SECONE	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN COUNTRY CABL						S	YSTEM ID# 034643	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO				H SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	
	Croup.	•	0.00		and Craun	•	0.00	
Gross Receipts First (310up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-FIFTH	SUBSCRIBER GRO	DUP	T	HIRTY-SIXTH	H SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
							·	

SYSTEM ID# 034643 Name				LEGAL NAME OF OWNER COUNTRY CABLE
TE FEES FOR EACH SUBSCRIBER GROUP	SE RAT			
THIRTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0		SUBSCRIBER GROU	EVENTH	
COMMUNITY/ AREA 0 Computatio	0			COMMUNITY/ AREA
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Base Rate Fo				
and				
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Total DSEs	.00_			Total DSEs
Gross Receipts Second Group \$ 0.00	.00_	\$	oup	Gross Receipts First Gro
Base Rate Fee Second Group \$ 0.00	.00	\$	oup	Base Rate Fee First Gro
FORTIETH SUBSCRIBER GROUP		SUBSCRIBER GROU	Y-NINTH	THIRT
COMMUNITY/ AREA 0	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN
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Total DSEs 0.00	.00			Total DSEs
	.00	\$	roup	Gross Receipts Third G
	.00_	\$	roup	Gross Receipts Third G

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORTY-FIRST SUBSCRIBER GROUP TY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 FORTY-SECOND SUBSCRIBER GROUP Computation OF BASE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndicat Exclusiv Surchary for Partiall Distant Station
TY/ AREA O COMMUNITY/ AREA O Computation N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and Syndicate Exclusive Surchary for Partiall Distant
Computation N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate and Syndicate Exclusive Surchard for Partiall Distant
SIN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE OF Base Rate and Syndicat Exclusive Surchary for Partiall Distant
and Syndicate Exclusive Surchard for Partiall Distant
Syndicat Exclusiv Surchare for Partiall Distant
Exclusive Surchard for Partiall Distant
Surchard for Partiall Distant
for Partiall Distant
Distan
Station
sipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
FORTY-THIRD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP
TY/ AREA 0 COMMUNITY/ AREA 0
N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
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0.00 Total DSEs 0.00
sipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
United the state of the state o
Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWN COUNTRY CABL						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
	RTY-FIFTH	SUBSCRIBER GROU		II		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs		Į.	0.00	Total DSEs		¥!	0.00	
Gross Receipts First (-roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Gloss Neceipts First C	этоир	•	0.00	Gloss Receipts Secon	na Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	-SEVENTH	SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Page Data Eco Thinds	Crous	e.	0.00	Page Pate Fee Fee	h Crous	•	0.00	
Base Rate Fee Third	Gгоир	\$	0.00	Base Rate Fee Fourt	п Стоир	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

Name	934643	S						LEGAL NAME OF OWNE
				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	ΓΥ-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	-SECOND	FIFT	JP	SUBSCRIBER GRO	TY-FIRST	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00		1	otal DSEs
				Gross Receipts Fourth	0.00		roup	Proce Bossints Third C
	0.00	\$	Group	Gross receipts rourt	0.00	\$	отоир	Gross Receipts Third G

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIFTY-FURTH SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	GAL NAME OF OWNER OF CAB OUNTRY CABLEVISION
COMMUNITY/ AREA 0 COMMUNITY/ A	BLOCK A:
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE DATE CALL SIGN DSE CALL	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Syr Exc Sur Total DSEs O.00 Gross Receipts First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0)MMUNITY/ AREA
Syrt Exc Sul Pr Pr Pr Pr Pr Pr Pr P	
Syr Exc Sul Pr	
Pa Pa Pa Pa Pa Pa Pa Pa	
Pack	
St Total DSEs Gross Receipts First Group Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Total DSEs	
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O O.00 FIFTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
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Base Rate Fee First Group \$ 0.00 FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	tal DSEs
FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA O COMMUNITY/ AREA O	oss Receipts First Group
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	use Rate Fee First Group
	FIFTY-FIFTH
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Total DSEs	utal DSEs
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Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	se Rate Fee Third Group

LEGAL NAME OF OWN COUNTRY CABL						S	YSTEM ID# 034643	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO	DUP	H		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>			Base Rate Fo
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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	
FII	FTY-NINTH	SUBSCRIBER GRO)UP		SIXTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo	the base rat	te fees for each subs				\$	0.00	

COUNTRY CABL						S	YSTEM ID# 034643	Name
I	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		III		SUBSCRIBER GROU		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	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	
		SUBSCRIBER GRO		III		1 SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·······		0	
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Total DSEs			0.00	Total DSEs			0.00	
	Group	¢	0.00		th Group	¢	0.00	
Gross Receipts Third	σιουμ	\$	0.00	Gross Receipts Four	ит Отоир	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

COUNTRY CABLEVISIO	ABLE SYSTEM: N INC				S	YSTEM ID# 034643	Name
BLOCK A	: COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
	H SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
		····				····	Syndicate Exclusivi
		·····					Surcharg
							for
							Partially
							Distant
							Stations
		····					
		····					
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-SEVENT	H SUBSCRIBER GRO	OUP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		····					
Fotal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$			rth Group	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER SIXTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA D CALL SIGN DSE CALL S	SCRIBER GROUP O ALL SIGN DSE O.00 O.00 O.00
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS	0.00 0.00
CALL SIGN DSE CA	0.00 0.00
CALL SIGN DSE CA	0.00 0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Sross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBS	
	SCRIBER GROUP
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA	ALL SIGN DSE
<u> </u>	
Total DSEs Total DSEs	0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00

O34643 Name	Sì						LEGAL NAME OF OWNE	
	BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL	
0 9	SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	ry-third		
0 Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F								
and					-			
Syndicated Exclusivity								
Surcharge								
for					-			
Partially								
Distant					-			
Stations					-			
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0.00			Total DSEs	0.00	otal DSEs			
0.00	\$	d Group	Gross Receipts Secon	0.00	ipts First Group \$ 0.0			
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr	
UP	SUBSCRIBER GROU	ITY-SIXTH		JP	SUBSCRIBER GROU	TY-FIFTH	SEVEN	
0 	COMMUNITY/ AREA 0						COMMUNITY/ AREA	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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0.00			Total DSEs	0.00			Total DSEs	
		Group			.	Group		
0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G	

LEGAL NAME OF OWN COUNTRY CABL						S	934643	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	-SEVENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fe
					·····			and Syndicated
	···			· · · · · · · · · · · · · · · · · · ·	·····			Exclusivity
								Surcharge
								for
								Partially
								Distant
	<u></u>							Stations
	···							
Total DSEs 0.00				Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	ITY-NINTH	SUBSCRIBER GRO	UP	<u> </u>		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····		····	
	···		•••••••••••••••••••••••••••••••••••••••				····	
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	<u></u>		<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
		· · · · · · · · · · · · · · · · · · ·			2.0up	<u></u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	he base rat	re fees for each subs		as shown in the boxe		\$	0.00	

				AL NAME OF OWNER OF CAE JNTRY CABLEVISION	
ITATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	RATE	UTATION OF E	A: CO	BLOCK A:	
RIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP		CRIBER GROUP	RST SL	EIGHTY-FIRS	
0 COMMUNITY/ AREA 0 Computatio) C			IMUNITY/ AREA	
SIGN DSE CALL SIGN DSE CALL SIGN DSE of	(LL SIGN		LL SIGN DSE	CALL SIGN
Base Rate F and					
Syndicated					
Exclusivity					
Surcharge					
for					
Partially	<mark></mark>				
Distant Stations	····· <mark></mark>				
Stations -	····· ·····				
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	_ To	Total DSEs 0.00			
0.00 Gross Receipts Second Group \$ 0.00	_ Gr	Gross Receipts First Group \$ 0.00			Gross Receip
0.00 Base Rate Fee Second Group \$ 0.00	Ва		\$	Rate Fee First Group	Base Rate F€
RIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP		CRIBER GROUP	RD SL	EIGHTY-THIRE	
0 COMMUNITY/ AREA 0) C			IMUNITY/ AREA	COMMUNITY
SIGN DSE CALL SIGN DSE CALL SIGN DSE	. (LL SIGN		LL SIGN DSE	CALL SIGN
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<u> </u>					
0.00 Total DSEs 0.00	To			DSEs	Total DSEs
0.00 Gross Receipts Fourth Group \$ 0.00	Gr		\$	s Receipts Third Group	Gross Receip
	- ¯. - ¯.			,	/p
1.11	Ва	Base Rate Fee Third Group \$ 0.00			

COUNTRY CABLEVIS		E SYSTEM: NC				S	934643	Name
				TE FEES FOR EAC				
	FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computati
CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusivi
			<u>-</u>	1	····			Surcharg
								for
								Partially
								Distant
					·····		····	Stations
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otal DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	p	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-SEV	/ENTH S	SUBSCRIBER GRO	JP	EIGH	TY-EIGHTH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN D	OSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
		\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Gross Receipts Third Grou	0.00 Teocipio Tilia Group				-			
Gross Receipts Third Grou	-r 						11	

Name	934643	S						LEGAL NAME OF OWNE
				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GRO	ΓΥ-NINTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicated	····							
Exclusivity Surcharge							<u>-</u>	
for		_				-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gi
	JP	SUBSCRIBER GROU	-SECOND	NINETY	JP	SUBSCRIBER GRO	TY-FIRST	NINE
	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<u>-</u>	
							<u>.</u>	
		_						
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	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
				1		Base Rate Fee Third Group \$ 0.00		

COUNTRY CABL						S	YSTEM ID# 034643	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		11	Y-FOURTH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant Stations
								Stations
Total DSEs		Į.	0.00	Total DSEs		H	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	nd Group	\$	0.00	
	p							
Base Rate Fee First (Base Rate Fee First Group \$ 0.00			Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii -	ETY-SIXTH	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			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				Ш				
Base Rate Fee: Add to Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP VENTH SUBSCRIBER GROUP
OSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE OF Base Rate Fe and
Computation DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and
and
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Exclusivity
Surcharge
for
Partially
Distant
Stations
p \$ 0.00 Gross Receipts Second Group \$ 0.00
p \$ 0.00 Base Rate Fee Second Group \$ 0.00
NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP
O COMMUNITY/ AREA O
DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
up \$ 0.00 Gross Receipts Fourth Group \$ 0.00
The state of the s
up \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWN COUNTRY CABLI						S	YSTEM ID# 034643	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GRO	UP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	···		<u></u>		·····			Syndicated
			······································		••••			Exclusivity
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	···		<u> </u>	-	·····			Distant Stations
				·				Stations
			••••••••••••		•••••		•	
			<u></u>		<u>.</u>			
Total DSEs 0.00				Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add ti Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN COUNTRY CABL						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
	RED FIFTH	SUBSCRIBER GROU		ii –		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>				<u></u>			and
								Syndicated Exclusivity
				-				Surcharge
								for
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Total DSEs		!	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First 0		\$	0.00	Base Rate Fee Secon		\$	0.00	
	SEVENTH	SUBSCRIBER GROU		ii —		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-			<u></u>			
								
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	_							
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

COUNTRY CABI						S	YSTEM ID# 034643	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ IEE OIGHT	DOL	CALL GIGIT	502	O/ILL OIGIV	502	O/ IEE OIOI1	502	Base Rate Fee
								and
								Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDREI	TWELVTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	٠		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	l .		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 034643	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED FO	DURTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
					·····			Exclusivity
								Surcharge
								for
								Partially
	···							Distant Stations
						-		Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDBED E	ETECNITU	CLIBCODIDED CDO	LID	ONE HUNDRED	CIVTEENTU	ELIBECDIDED CDOL	ID.	
COMMUNITY/ AREA	FIEENIN	SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	0	
OOMMONT IT TAKE				COMMONT 1774 CE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
						-		
	···	<u> </u>			·····			
			······································			-	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN COUNTRY CABL						S	YSTEM ID# 034643	Name
				TE FEES FOR EAC				
ONE HUNDRED SEVI		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
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								Partially
								Distant
								Stations
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						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u></u>			-		
	····		···			-		
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	····		<u></u>			-		
		H				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 034643	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		††		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
								and
	••••		••••			•		Syndicated
								Exclusivity
								Surcharge
	<u></u>							for
								Partially Distant
	••••		••••			•		Stations
					······			
Total DSEs		<u> </u>	0.00	Total DSEs		11	0.00	
Gross Receipts First	Group	<u> </u>	0.00	Gross Receipts Sec	ond Group	¢	0.00	
31055 Receipts Filst	Gloup	\$	0.00	Gloss Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	ENTY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
					·····			
					•••••			
		-						
					·····			
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN COUNTRY CABL						S	YSTEM ID# 034643	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU	Р	1		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							<u></u>	Base Rate Fe
	····			1				Syndicated
		-						Exclusivity
								Surcharge
	<u></u>		<u></u>					for
								Partially Distant
	····						····	Stations
								
	····						····	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT		SUBSCRIBER GROU		11		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u></u>		·····			
								
	····		<u></u>					
	····		<u></u>					
	····			·				
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER COUNTRY CABLE						SY	STEM ID# 034643	Name
RI	OCK Δ· (COMPLITATION OF	RASE RA	TE FEES FOR EACH	SUBSCR	IRER GROUP		
ONE HUNDRED TWEN			DAGE IV			SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
							†	and
								Syndicated
								Exclusivity
								Surcharge
						_		for
								Partially
						_		Distant
								Stations
								
								
								
								
								
Total DSEs	 		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
								
							_	
								
								
								
								
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					- 1:			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	e haso ret	e fees for each subsc	riher group	as shown in the boxes	ahove			
Enter here and in block			ilbei group	ac snown in the boxes (ADOVC.	\$		

Name	YSTEM ID# 034643	S						LEGAL NAME OF OWNE
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9)	SUBSCRIBER GROUP	Y-FOURTH			SUBSCRIBER GROUP	RTY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F							<mark>-</mark>	
Syndicate								
Exclusivit							·	•••••
Surcharge								
for						-		
Partially Distant							·	
Stations							·	
						-		
							·	
	····							
	0.00		<u> </u>	Total DSEs	0.00		 	Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
)	SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED TH		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIS
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····						·	
						-		
						-	·	
							·	
						-		
	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

LEGAL NAME OF OWN						S	YSTEM ID# 034643	Name
В	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIRT	Y-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP)	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>	-				Base Rate Fe
	···		<u></u>	·				Syndicated
								Exclusivity
								Surcharge
		-	<u> </u>					for
	<u></u>	<u> </u>	<u></u>					Partially Distant
	···			·				Stations
		-	······································					
			<u> </u>					
	<u></u>		<u> </u>					
			<u></u>					
Total DSEs		Į į	0.00	Total DSEs		-11	0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·				·			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROUI	P	ii		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	···		-		•••••		••••	
			<u> </u>					
			<u></u>					
			······································					
			<u> </u>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
		_						
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

COUNTRY CABLI						S	YSTEM ID# 034643	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRED FO	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECONE	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O'TEE GIGIT	BOL	O/ LEE OF OF T	DOL	ONEE CICIT	BOL	OALL GIGIT	DOL	Base Rate Fee
					•••			and
								Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
	···							
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Page Pate Fee First (`roup		0.00	Page Bate Fee Coop	nd Croup		0.00	
Base Rate Fee First G		\$	<u>'</u>	Base Rate Fee Second		\$	<u>,</u>	
	RTY-THIRD	SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
								
								
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add to			riber group	as shown in the boxes	above.	\$		

	034643					INC	ER OF CABL	COUNTRY CABLE
		IBER GROUP	SUBSCR	TE FEES FOR EACI	BASE RA	COMPUTATION O	LOCK A: (Bl
9		SUBSCRIBER GROUP	ORTY-SIXTH	ONE HUNDRED F		SUBSCRIBER GROU	RTY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I					<u> </u>			
and Syndicate			<u> </u>					
Exclusivit			······································					
Surcharg								
for		_				-		
Partially			<u></u>					
Distant Stations			<u></u>			-		
Stations			<u></u>		······································		·-	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
_	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	3ase Rate Fee First G
)	SUBSCRIBER GROUP	RTY-EIGHTH	ONE HUNDRED FO	•	SUBSCRIBER GROU	-SEVENTH	ONE HUNDRED FORTY
					0	ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA		
	0			COMMUNITY/ AREA				
-	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
-		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third C

LEGAL NAME OF OWN COUNTRY CABL						S	YSTEM ID# 034643	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
		-			<u></u>			Stations
					<u></u>			I
					<mark></mark>		<u></u>	I
		-					<u></u>	I
								I
					<mark></mark>			I
			2.22				2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	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	
ONE HUNDRED FIR	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			1
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Page Pate For Third	Oroun		0.00	Page Bate Fee Fee	th Crows		0.00	
Base Rate Fee Third	эгоир	\$	0.00	Base Rate Fee Four	ui Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	s above.	\$		

COUNTRY CABL						S	YSTEM ID# 034643	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU		i i		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL SIGIY	BOL	O/ILL GIGIT	502	O/ILL GIGIT	502	O'ALL SIGIY	BOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	···	-						Partially
								Distant
		-						Stations
								1
	····				···			1
					•••			1
								I
								I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First (•	\$	0.00	Base Rate Fee Secon		\$	0.00	
		SUBSCRIBER GROU		ii .		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			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	 -P				- · - wh	·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

COUNTRY CAB						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
		SUBSCRIBER GROUP		ii e		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
				-				Exclusivity Surcharge
								for
								Partially
								Distant
			 					Stations
								
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRI	ED SIXTIETI	H SUBSCRIBER GROUP)	
COMMUNITY/ ARE	Α		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	L		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC SYSTEM ID# 034643								Name
В				TE FEES FOR EAC				
OOMALINET (FIRST	SUBSCRIBER GRO		000000000000000000000000000000000000000		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u> </u>					and
		-	<u></u>					Syndicated Exclusivity
			<u></u>				·····	Surcharge
								for
								Partially
			<u></u>					Distant
	···				·····		····	Stations
			···				·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	ross Receipts First Group \$ 0.00			Gross Receipts Second Group \$ 0.00				
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>						<u> </u>	
	···	-	<u></u>					
								
							••••	
			·					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t	he base rat	e fees for each subs	criber aroun	as shown in the boxe	s above.			
Enter here and in bloc			J. 5-5p			\$	0.00	

Name	O34643	S						LEGAL NAME OF OWNE
	_			TE FEES FOR EACH				Bl
9		SUBSCRIBER GROU	SIXTH	COMMUNITY ASS.		SUBSCRIBER GRC	FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and							<u></u>	
Syndicated Exclusivity						 	<u></u>	
Surcharge							-	
for								
Partially								
Distant							<u> </u>	
Stations	<u> </u>						<mark></mark>	
	<u> </u>		······				-	
		<u> </u>					<u>-</u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	5
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-				_	<u>.</u>	
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	0.00			Total DSEs	0 00			Total DSEs
	0.00		G	Total DSEs	0.00			
	0.00	<u>\$</u>	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE			•			S	YSTEM ID# 034643	Name
В				TE FEES FOR EAC				
000000000000000000000000000000000000000	NINTH	SUBSCRIBER GRO		000000000000000000000000000000000000000		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fee
	<mark></mark>		<mark></mark>		<u></u>	-		and
			<u> </u>			 		Syndicated Exclusivity
			<u>-</u>			 		Surcharge
								for
	<u> </u>		<u> </u>					Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	\$ 0.	0.	00	Base Rate Fee Four	th Group	\$ \$		

Nonpermitted 3.75 Stations

	034643					INC	R OF CABL	COUNTRY CABLL
				TE FEES FOR EACH				
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	LEVISION	LE SYSTEM: INC					034643	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		iii		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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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 Seco	ond Group	\$	0.00	
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•	MINICEINIII	OODOONIDEN ON	JUI		IWENTETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u>	
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COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE/	Α		0	
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COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE/	Α		0	
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CALL SIGN CALL SIGN Total DSEs Gross Receipts Third	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	DSE	CALL SIGN	0.00 0.00	
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	ITY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO)UP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t	he hase rat	a fees for each subs	scriber group	as shown in the boxes	s ahove			

SYSTEM 034					GAL NAME OF OWNER DUNTRY CABLE
EACH SUBSCRIBER GROUP					
TWENTY-SIXTH SUBSCRIBER GROUP	TWENTY- INITY/ AREA	11	JBSCRIBER GROL	Y-FIFTH S	TWENT OMMUNITY/ AREA
REA	INITY/ AREA	0 . C			WINDNITY AREA
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		1 11			
Second Group \$ 0	ate Fee Second Gr	0.00 B		oup	se Rate Fee First Gr
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WENTY-EIGHTH SUBSCRIBER GROUP	TWENTY-EI	0 C	JBSCRIBER GROU		TWENTY-S
WENTY-EIGHTH SUBSCRIBER GROUP	TWENTY-EI	0 C		SEVENTH S	TWENTY-S
WENTY-EIGHTH SUBSCRIBER GROUP	TWENTY-EI	0 C		SEVENTH S	TWENTY-S
WENTY-EIGHTH SUBSCRIBER GROUP	TWENTY-EI	0 C		SEVENTH S	TWENTY-S
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WENTY-EIGHTH SUBSCRIBER GROUP	TWENTY-EI	0 C		SEVENTH S	TWENTY-S
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WENTY-EIGHTH SUBSCRIBER GROUP	TWENTY-EI	DSE		SEVENTH S	TWENTY-S
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WENTY-EIGHTH SUBSCRIBER GROUP NREA DSE CALL SIGN C CALL SIGN C O	TWENTY-EI INITY/ AREA SIGN D:	DSE		DSE	TWENTY-S DMMUNITY/ AREA CALL SIGN tal DSEs
WENTY-EIGHTH SUBSCRIBER GROUP NREA DSE CALL SIGN C CALL SIGN C Fourth Group \$ 0	TWENTY-EI INITY/ AREA SIGN D:	DSE		DSE DSE	TWENTY-S DMMUNITY/ AREA CALL SIGN tal DSEs

	YSTEM ID# 034643	S'					R OF CABL	COUNTRY CABLE
				TE FEES FOR EACH				
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Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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 	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	RTY-FIFTH	THIR COMMUNITY/ AREA
 	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROI	RTY-FIFTH	THIR COMMUNITY/ AREA
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Name	YSTEM ID# 034643					LE SYSTEM: INC		COUNTRY CABLE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	YSTEM ID# 034643	S`						COUNTRY CABLE
				TE FEES FOR EACH				
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	UP 0	SUBSCRIBER GROU	/-FOURTH	FORT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-THIRD	
		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	034643							LEGAL NAME OF OWNE
				TE FEES FOR EACH				
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	FORTY-COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	FORTY-COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	FORTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	FORTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	FORTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	FORTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROI	SEVENTH	FORTY: COMMUNITY/ AREA CALL SIGN
	JP 0 DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROI	DSE	FORTY-COMMUNITY/ AREA

Name	YSTEM ID# 034643	S`						COUNTRY CABLE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	FIFTIETH	0014444		SUBSCRIBER GROU	TY-NINTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-						
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for	····	-			<u>-</u>			
Partially								
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		-			 			
	0.00			Total DSEs	0.00	-		Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roun	Base Rate Fee First G
	0.00		<u>а оло</u> ар			·	Гоир	
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	JP 0		/-SECOND	FIFT' COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-FIRST	FIF COMMUNITY/ AREA
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	JP 0		/-SECOND	FIFT' COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-FIRST	FIF
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	JP 0		/-SECOND	FIFT' COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-FIRST	FIF COMMUNITY/ AREA
	JP 0		/-SECOND	FIFT' COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-FIRST	FIF COMMUNITY/ AREA
	JP 0		/-SECOND	FIFT' COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-FIRST	FIF COMMUNITY/ AREA
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	JP 0 DSE		/-SECOND	CALL SIGN	DSE	SUBSCRIBER GROI	TY-FIRST	FIE COMMUNITY/ AREA
	DSE O.00		/-SECOND	CALL SIGN CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROI	TY-FIRST DSE	CALL SIGN CALL SIGN Total DSEs
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Nonpermitted 3.75 Stations

Name	YSTEM ID# 034643							LEGAL NAME OF OWNE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity								
Surcharge for		 						
Partially		-			······································			
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Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
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	<u>'</u>							FIF
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	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
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	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
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	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
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	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	CALL SIGN

Name	YSTEM ID# 034643					LE SYSTEM: INC		COUNTRY CABLE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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	JP	SUBSCRIBER GROU	SIXTIETH		UP	SUBSCRIBER GRO	ΓΥ-ΝΙΝΤΗ	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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	YSTEM ID# 034643							COUNTRY CABLE
				TE FEES FOR EACH				
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Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP 0		/-FOURTH	SIXT COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-THIRD	COMMUNITY/ AREA
	JP 0		/-FOURTH	SIXT COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-THIRD	COMMUNITY/ AREA
	JP 0		/-FOURTH	SIXT COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-THIRD	COMMUNITY/ AREA
	JP 0		/-FOURTH	SIXT COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-THIRD	COMMUNITY/ AREA
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	JP 0		/-FOURTH	SIXT COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-THIRD	COMMUNITY/ AREA
	JP 0		/-FOURTH	SIXT COMMUNITY/ AREA	0	SUBSCRIBER GROI	TY-THIRD	COMMUNITY/ AREA
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	DSE		DSE	SIXT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROI	DSE	CALL SIGN

Name	YSTEM ID# 034643					INC	ER OF CABL	COUNTRY CABLE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	(TY-SIXTH			SUBSCRIBER GROU	KTY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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Syndicated								
Exclusivity	····							
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- - -	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROI	SEVENTH	SIXTY-COMMUNITY/ AREA
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	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	SIXT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROI	SEVENTH	SIXTY-COMMUNITY/ AREA
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3 Name	YSTEM ID# 034643							LEGAL NAME OF OWNE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-FOURTH	İ		SUBSCRIBER GROU	TY-THIRD	
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	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	SEVEN COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs
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Name	034643	S'						LEGAL NAME OF OWNE COUNTRY CABLE
				TE FEES FOR EACH				
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9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	034643	S'						LEGAL NAME OF OWNE COUNTRY CABLE
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LEGAL NAME OF OWNE						S	YSTEM ID# 034643	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE HU	JNDREDTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
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Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

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Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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Nonpermitted 3.75 Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC SYSTEM ID# 034643							
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	ED TENTH	ONE HUNDR		SUBSCRIBER GRO	ED NINTH	ONE HUNDR
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		Ш	1	Total DSEs	0.00			Total DSEs
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_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

LEGAL NAME OF OWNER COUNTRY CABLE						S	YSTEM ID# 034643	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROUP		ONE HUNDRED EI	GHTEENTH	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						<u> </u>		and
						<u> </u>		Syndicated
						H		Exclusivity
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Total DSEs		-	0.00	Total DSEs	!		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DOT-			0.00	Total DOS-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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LEGAL NAME OF OWNE COUNTRY CABLE						S	034643	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROUI	P	ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROUP)	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DSEs			0.00	Total DSEs			0.00	
otal DSEs Gross Receipts First Group		\$	0.00	Gross Receipts Sec	ond Group	\$		
3ase Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUI	D	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
O/ LEE OF OF	DOL	Of ILL GIOIN	DOL	O/ LEE GIGIT	DOL	CALL GIGIT	DOL	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Broup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

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	,	RIBER GROUP I SUBSCRIBER GROUP		TE FEES FOR EACH				B ONE HUNDRED TWE
9	0	CODSCRIBER GROUP	.1111-01/11	COMMUNITY/ AREA	0	OUDGONIDER GROUI	1911-1111	COMMUNITY/ AREA
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	Gross Receipts Second Group \$ 0.00				0.00	\$	iroup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
		SUBSCRIBER GROUP	TY-EIGHTH	H	1	SUBSCRIBER GROUP	-SEVENTH	
	COMMUNITY/ AREA 0			0		COMMUNITY/ AREA		

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	034643	S'			•			LEGAL NAME OF OWNE COUNTRY CABLE
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
	Р	SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN
0 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
OSE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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.00	0.00			Total DSEs	0.00		<u> </u>	Total DSEs
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0.00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIR
0	COMMUNITY/ AREA 0			0		COMMUNITY/ AREA		
OSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Name	034643					INC		LEGAL NAME OF OWNE
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: C	В
0		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIR		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED THIS
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	iroup	Base Rate Fee First G
	*	\$ SUBSCRIBER GROU			'			
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	JP			ONE HUNDRED THI	JP			ONE HUNDRED THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THIR
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	JP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THIR
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	JP 0	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THIR COMMUNITY/ AREA CALL SIGN
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Name	YSTEM ID# 034643	Sì			.			LEGAL NAME OF OWNE COUNTRY CABLE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL
•		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIR		SUBSCRIBER GROU	-SEVENTH	ONE HUNDRED THIRTY-
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00		•	Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED THIRT
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER COUNTRY CABLE						S	934643	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED FOR	TY-SECONE	SUBSCRIBER GROUP		^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	 		0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED FOR	TY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>ı </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	e base rat			as shown in the boxes		\$	0.00	

	034643	S						LEGAL NAME OF OWNE COUNTRY CABLE
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FC		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY-
	0			COMMUNITY/ AREA	0		COMMUNITY/ AREA	
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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-	0.00			Total DSEs	0.00			Total DSEs
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-	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	YSTEM ID# 034643	S						LEGAL NAME OF OWNE COUNTRY CABLE	
				TE FEES FOR EACH					
9		ONE HUNDRED FIFTIETH SUBSCRIBER GROUP				NE HUNDRED FORTY-NINTH SUBSCRIBER GROUP			
Computation	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and									
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP				JP	ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP			
	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

Name	O34643	S						LEGAL NAME OF OWNER COUNTRY CABLE	
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
9	SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP						ry-third	ONE HUNDRED FIFT COMMUNITY/ AREA	
Computation	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	Gross Receipts Second Group \$ 0.00			0.00	\$	roup	Gross Receipts First Gr		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP				JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIFT	
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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				Total DSEs	0.00			Total DSEs	
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	
		\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COUNTRY CABLEVISION INC SYSTEM ID# 034643							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BI
0	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP			
9 Computation	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP			ONE HUNDREI	JP			ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	JP 0	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	ONE HUNDREI	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 DSE	ONE HUNDRED FIF

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COUNTRY CABLEVISION INC 034643 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COUNTRY CABLEVISION INC 034643 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 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 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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