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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/25/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@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									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should 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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	City of Tacoma								
				62227	720182				
				62227	2018/2				
	3628 S. 35th St.								
	Tacoma, WA 98409								
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the system	em unless t	hese				
С	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 E	3.				
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	Click! Cable TV								
	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	with all communities.								
Served	CITY OR TOWN	STATE							
First	TACOMA	WA							
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S		1					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#				
Sample	Alda	MD	Α		1				
	Alliance	MD	В		2				
	Gering	MD	В		3				

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

FORM SAJE. PAGE 10.			SYSTEM ID#								
LEGAL NAME OF OWNER OF CABLE SYSTEM:											
City of Tacoma			62227								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.											
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.											
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).											
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.											
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
TACOMA	WA			First							
FIRCREST	WA			Community							
FIFE	WA			-							
LAKEWOOD	WA										
LINIVERSITY PLACE	WA										
UNINCORPORATED PIERCE COUNTY	WA			See instructions for							
				additional information							
				on alphabetization.							
				Add rows as necessary.							

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Tacoma

SYSTEM ID#
62227

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.

OCK 1		BLOCK 2
NO. OF	RΔTF	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
OODOONBENO	TOTIL	OATEGORY OF GERVIOL GODGORIDERO FRATE
14,198	19.69/mo.	
159	19.69/mo.	
326	19.69/mo.	
21,471	1.10/mo.	
144	1.10/mo.	
	NO. OF SUBSCRIBERS 14,198 159 326 21,471	NO. OF SUBSCRIBERS RATE 14,198 19.69/mo. 159 19.69/mo. 326 19.69/mo. 21,471 1.10/mo. 144 1.10/mo.

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE	CA	TEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential						
Pay cable	19.99/mo.	Motel, hotel			EX	PANDED BASIC TIER	\$	40.30
 Pay cable—add'l channel 	17.99/mo.	Commercial	\$	75.00	15	T DIGITAL TIER	\$	22.00
Fire protection		• Pay cable			2N	D DIGITAL TIER	\$	8.50
Burglar protection		Pay cable-add'l channel			3R	D DIGITAL TIER	\$	9.00
Installation: Residential		Fire protection			PP	V		PP
First set	\$ 50.00	Burglar protection			VO	D		PP
 Additional set(s) 	\$ 20.00	Other services:						••••••
FM radio (if separate rate)		Reconnect	\$	40.00				
Converter		Disconnect						
		Outlet relocation	\$	20.00				
		Move to new address	\$	40.00				••••••

FORM SA3E. PAGE 3.					0.00751110	1
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Name
City of Tacoma					62227	
PRIMARY TRANSMITTE			ation (including	translator stations	s and low power television stations)	
					ed only on a part-time basis under	G
•				•	ain network programs [sections	
76.59(d)(2) and (4), 76 substitute program bas			-	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your	cable system on a substitute program	Television
pasis under specifc FC	, ,	,		a Chasial Statem	ant and Drawram Lag) if the	
station was carried	•		t it in space i (th	le Special Statem	ent and Program Log)—if the	
List the station here,	and also in spa	ace I, if the sta			tute basis and also on some other	
in the paper SA3 for		erning substit	tute basis statio	ns, see page (v) o	of the general instructions located	
Column 1: List eac	h station's call	-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- h stream separately; for example	
NETA-simulcast).	-2 . Simulcast	streams must	. be reported in t	Column 1 (list eac	in Stream Separatery, for example	
Column 2: Give the			•		tion for broadcasting over-the-air in	
ts community of licens on which your cable sy	•		annei 4 in Wash	ington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case v	whether the st			ependent station, or a noncommercial	
	0	`	,,		cast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of the	,, ,		,,	•	,	
Column 4: If the sta	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an ex-	
olanation of local servi					e paper SA3 form. stating the basis on which your	
•			•	•	tering "LAC" if your cable system	
carried the distant stati						
					y payment because it is the subject stem or an association representing	
the cable system and a	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
` ' '			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the communit	y to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizin				•	h which the station is identifed.	
	<u> </u>	• ′	EL LINE-UP		(C.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	_
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
КВТС	28.1	Е	NO		TACOMA	
KBTC NHK WORL	28.2	E-M	NO		TACOMA	See instructions for
KBTC MHz WORL	28.3	E-M	NO		TACOMA	additional information
KBTC TVW	28.4	E-M	NO		TACOMA	on alphabetization.
KOMO	4.1	N	NO		SEATTLE	
KOMO COMET	4.2	N-M	NO		SEATTLE	
KOMO CHARGE	4.3	N-M	NO		SEATTLE	
KING	5.1	N	NO		SEATTLE	
KING JUSTICE	5.2	N-M	NO		SEATTLE	
KING QUESTTV	5.3	N-M	NO		SEATTLE	
KONG	16.1	I	NO		SEATTLE	
KIRO	7.1	N	NO		SEATTLE	
KIRO GETTV	7.2	N-M	NO		SEATTLE	
KIRO LAFF	7.3	N-M	NO		SEATTLE	1
KWPX	33.1	I	NO		BELLEVUE	
KCTS	9.1	E	NO		SEATTLE	†
KCTS CREATE	9.3	E-M	NO		SEATTLE	1
	·	_ :::			~ · · · 	4
KTBW	20.1	1	NO		SEATTLE	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

City of Tacoma

SYSTEM ID#
Name

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.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	۸R	
	1	CHANN	EL LINE-OF	AD	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
KSTW	11.1	I	NO		TACOMA
KSTW STARTTV	11.2	I-M	NO		ТАСОМА
KZJO	22.1	ı	NO		SEATTLE
KZJO ANTENNA	22.3	I-M	NO		SEATTLE
KCPQ	13.1	N	NO		ТАСОМА
KCPQ THIS TV	13.2	N-M	NO		ТАСОМА
KCPQ ESCAPE	13.3	N-M	NO		TACOMA
KWDK	42.1	ı	NO		ТАСОМА
KUNS	51.1	ı	NO		BELLEVUE
KUNS TBD TV	51.2	I-M	NO		BELLEVUE
KUNS STADIUM	51.3	I-M	NO		BELLEVUE
KFFV METV	44.1	ı	NO		SEATTLE
KFFV MOVIES	44.2	I-M	NO		SEATTLE
KFFV HEROS& IC	44.3	I-M	NO		SEATTLE
CBAT	31	I	YES	0	FREDERICTON, NB CANADA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM II	Namo
City of Tacoma	l				622	27
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bass. Substitute Basis is basis under specific FC bo not list the station station was carried between List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	G, identify even by stem during the cons in effect or is, as explaine stations: With a CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with each case we cannot be considered with each case we entering the least), "E" (for not each case we entered "Ye in each case we entered into on a part-time in entered into on a primary trans simulcasts, also we categories elocation of each	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, in the stion of the stion of the stions, as the stion of the stion of the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stion of the stions, as the stion of the	(1) stations carried ec carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designation column 1 (list each the television statington, D.C. This light of the television statington, D.C. This light of the television statington, one that the column 5, od. Indicate by entitivated channel on the televisions located in the telev	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	ig multiple chai	•	•	•	channer ime-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	
				(** = 10 10 11 11		
						······
						······
						······
						•••••
						
						
						

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space (carried by your cable set of CC rules and regulation 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Set basis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 of Column 1: List each each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the stiplanation of local service Column 5: If you had cable system carried the carried the distant statifor the retransmiss of a written agreement the cable system and a substitute of the cable system and substitute of the cable system and a substitute of the cable system and a substitute of the cable	G, identify every system during the ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard accounting an June 24, 194, or 76.63 (rd in the next prespect to any attions, or auth G—but do list titute basis. In the standard account of the station account of the station account of the station. In the station account of the station account of the station. In the station account of the station	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the tition was carried ute basis station eport origination coording to its own be reported in the tition is a network), "N-M" (I educational), one general instruct 4, you must corraccounting period as and that is not some 30, 2009, be association represents to 76.6 per sociation re	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special	es". If not, enter "No". For an ex- e paper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expanding the page of the subject estem or an association representing ry transmitter, enter the designa-	G Primary Transmitters: Television
explanation of these the	ree categories, e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, given nnel line-ups,	of the general in the state of the name of the name of the tree of	instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
	0 DIO407					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
0.0.1	NUMBER	STATION	(100 01 110)	(If Distant)		

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name			
City of Tacoma					62227				
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),									
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.									
<u> </u>		CHANNI	EL LINE-UP	AE	<u>·</u>				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.					Account	NG 1 ENIOD. 2010/2		
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nama		
City of Tacoma	1				62227	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), 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								
For the retransmiss	ion of a distant	multicast stre	am that is not s	ubject to a royalty	payment because it is the subject			
_				•	stem or an association representing ry transmitter, enter the designa-			
· · ·			,	•	her basis, enter "O." For a further d in the paper SA3 form.			
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the			
Note: If you are utilizing				•	which the station is identifed. channel line-up.			
<u> </u>		CHANN	EL LINE-UP	ΔF				
1 CALL	2 P'CAST		4. DISTANT?		6. LOCATION OF STATION			
1. CALL SIGN	2. B'CAST CHANNEL	OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION	,	(If Distant)				

FORM SA3E. PAGE 3.					Account	NG 1 ENIOD. 2010/2
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nama
City of Tacoma	1				62227	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bases 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 each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the step planation of local servin Column 5: If you had cable system carried the carried the distant stating the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of a written agreement the cable system and a tion "E" (exempt). For statistics of the retransmiss of the ret	G, identify every system during the ions in effect or 6.61(e)(2) and (6.5is, as explaine stations: With record only on a substand also in spatformation concern. In station's call associated with each case with each each case with each each each each each each each eac	r television standard accounting a June 24, 1984), or 76.63 (r d in the next prespect to any titions, or auth G—but do list titute basis. In the standard accounting substitute basis. The standard account of the station account of the station account of the station. The station account of the station account of the station. The station account of the station a	period, except period, except period, except period, except period, except period peri	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your consistency of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistington, D.C. This work station, an indefor network multicular "E-M" (for noncontions located in the intermediate of the color of the state of the television statistington, p.c. This work station, an indefor network multicular "E-M" (for noncontions located in the intermediate of the color of the state of the st	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper system because it is the subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further	G Primary Transmitters: Television
explanation of these th	ree categories,	see page (v)	of the general i	instructions locate	d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed.	
	.9		EL LINE-UP	'		
4.0411	o DICAGE				S LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	(1000110)	(If Distant)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227	rano	
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), 76,616(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 sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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 in							
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	you carried the of the general in U.S. stations, the the name of the stations is the stations.	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is lidentifed.		
4 0411	2 P'CAST				6 LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
0.0.1	NUMBER	STATION	(10001110)	(If Distant)			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
City of Tacoma					62227	- Tumo		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 for	rm.	-						
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Note: If you are utilizin		•	EL LINE-UP		·			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name		
City of Tacoma					62227			
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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								
		CHANN	EL LINE-UP	AJ				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		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	
City of Tacoma	1				62227		
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) 76.63 (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 independent multicast), "							
explanation of these the	ree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in the state of the name of the name of the tree of	instructions locate list the community ne community with space G for each	d in the paper SA3 form. I to which the station is licensed by the which the station is identifed.		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
CICIT	NUMBER	STATION	(103 01 110)	(If Distant)			
							
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227	rano	
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), "I" (for independent), "I-M" (for							
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	a primary transi simulcasts, also ree categories, e location of ea Canadian statio	mitter or an as benter "E". If , see page (v) ch station. Fo ns, if any, givenel line-ups,	ssociation repre you carried the of the general in the U.S. stations, e the name of the	esenting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n which the station is identifed.		
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
CICIT	NUMBER	STATION	(103 01 110)	(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
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 program basis. 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							
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. I to which the station is licensed by the which the station is identifed.		
	1	CHANN	EL LINE-UP	AM			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF STATION	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
City of Tacoma					62227	-		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example 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								
		CHANN	EL LINE-UP	AN				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
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FORM SA3E. PAGE 3.						Τ
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	rtaino
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If your cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	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 y television	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 stational of the stational of the stational of the secondary of the seco	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on program services the television statistication, D.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the television statistication of the state of the television statistication, p.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the state o	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your etering "LAC" if your cable system capacity. expaper says to be subject estem or an association representing ery transmitter, enter the designa- ether basis, enter "O." For a further ed in the paper SA3 form. expect to which the station is licensed by the enter which the station is identified.	G Primary Transmitters: Television
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						Τ
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	rtaino
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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Note: If you are utilizing	ig multiple chai			·	Charmer inte-up.	
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FORM SA3E. PAGE 3.						Τ
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	rtaino
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space (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 Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or Column 6:	G, identify every system during the control of the	y television standard y television	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 stational of the stational of the stational of the secondary of the seco	(1) stations carried the carriage of certain (e) (2) and (4))]; as a carried by your content of the Special Statement of the	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television
Note: If you are utilizing	ig multiple char			·	channel line-up.	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						Τ
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	rtaino
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space (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 Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or Column 6:	ERS: TELEVISIO G, identify every system during the control of the control G.61(e)(2) and (control G.61	y television standard y television	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 stational of the stational of the stational of the secondary of the seco	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on program services the television statistication, D.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the television statistication of the state of the television statistication, p.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the state o	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television
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FORM SA3E. PAGE 3.						Т
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
City of Tacoma	1				62227	rtaino
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTI In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or Co	G, identify every system during the control of the	y television standard y television y te	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 stational of the stational of the stational of the secondary of the seco	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of both on a substitution, see page (v) on program services the television statistication, D.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the television statistication of the state of the television statistication, p.C. This work station, an indefor network multice or "E-M" (for noncontrolled in the state of the state o	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227	rano	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
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 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 sociated with a station according to its over-the-air designation. For example, report multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as separately. For example with the station of the station. 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 stati							
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
	o DIOAOT		EL LINE-UP		a LOCATION OF STATION		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
CICIT	NUMBER	STATION	(103 01 110)	(If Distant)			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
City of Tacoma					62227			
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 sem s"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 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	AU				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
City of Tacoma	l				62227	- Namo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
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), "I'							
· · · · · · · · · · · · · · · · · · ·							
	0 DIO40T		EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
CICIT	NUMBER	STATION	(103 01 110)	(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
City of Tacoma	1				62227		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
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),							
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.		
Note. II you are utilizii	ig multiple chai		EL LINE-UP	·	crianner inte-up.		
1. CALL	2. B'CAST	1	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	O. EGOATION OF STATION		
	NUMBER	STATION		(If Distant)			
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ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62227 City of Tacoma PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Primary Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN LOCATION OF STATION AM or FM S/D AM or FM S/D **KNKX** 88.5F **TACOMA KUOW SEATTLE** 94.9F **KVRQ** 98.9F **SEATTLE KCMS** 105.3F Χ **EDMONDS** KKWF SEATTLE 100.7F **KPLZ** 101.5F X SEATTLE **KJRF** 95.7F X **SEATTLE KXXO** 96.1F Χ **OLYMPIA** KIRO 97.3F Х **TACOMA** KRWM 106.9F Х **BREMERTON** KUBE 93.3F **SEATTLE** KVTI 90.9F **TACOMA** KING 98.1F X **SEATTLE KUPS** 90.1F **TACOMA**

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2018/2	
LEGAL NAME OF OWNER OF City of Tacoma	CABLE SYST	ГЕМ:					S	YSTEM ID# 62227	Name	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									l	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.										
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.										
S	SUBSTITUT	E PROGRAM	1		EN SUBS			7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6.	TIME		DELETION		
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ACCOUNTING PERIOD: 2018/2 FORM SA3E, PAGE 6.

ACCOUNTING PERIOD: 2018/2						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	City of Tacoma	62227				
	PART-TIME CARRIAGE LOG					
	In Congrest. This appear ties in with column 5 of appear C. If you listed a station's basis of corriggs as "I AC" for part					

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Part-Time Carriage Log

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

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

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

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

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

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM		Name			
City	y of Tacoma			622	227	Name			
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)									
during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 1,922,425.91 (Amount of gross receipts)									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below.								
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ elow.	entered	on line 2	in block					
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shot block 4 below.	uld be e	entered o	n 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.				7				
	This is your minimum fee.	\$		20,454.61					
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 X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column televisions.	nn 4, yo od?	u must c	heck					
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		\$	20,454.61	_				
	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	\$		20,454.61					
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		\$	20,454.61		Cable systems submitting additional			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. 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								
	EFT Trace # or TRANSACTION ID #]						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant descriptions) general instructions located in the paper SA3 form and the Excel instructions to								

Nama	LEGAL NAME OF OWNER O	F CABLE S	YSTEM:	SYSTEM ID#						
Name	City of Tacoma			62227						
	CHANNELS									
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
1	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels										
	1. Enter the total number of channels on which the cable									
	system carried television broadcast stations									
	2. Enter the total num	nber of a	ctivated channels							
			carried television broadcast stations	439						
	and nonbroadcast s	services		. 433						
N	INDIVIDUAL TO BE	CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
	we can contact about	t this sta	tement of account.)							
Individual to Be Contacted										
for Further	Name Pam Bu	ıraess	Telephone	253-502-8015						
Information										
	Address 3628 S.	35th 9	\$t							
	(Number, stre	eet, rural r	oute, apartment, or suite number)							
	Tacoma	a, WA	98409							
	(City, town, s	tate, zip)								
	Email	nhura	oss@click_notwork_com							
	Email	pourg	ess@click-network.com Fax (optional)							
_	CERTIFICATION (This	statem	ent of account must be certifed and signed in accordance with Copyright Office re	egulations.						
0										
Certifcation	• I, the undersigned, he	ereby cei	tify that (Check one, but only one, of the boxes.)							
	(Owner other than	cornor	ntion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce R: or						
	(Owner other than	Corpora	tion of partnership) I am the owner of the cable system as identified in line 1 of space	,e b, oi						
	V (Agent of owner o	thor tha	n corporation or partnership) I am the duly authorized agent of the owner of the cab	ale system as identified						
			that the owner is not a corporation or partnership; or	ne system as identified						
	(Officer or partne	r) Iama	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system						
	in line 1 of space	-	Tollices (if a corporation) of a partitle (if a partite ship) of the regal child destribed as t	Switch of the cable system						
	• I have examined the	etatomor	it of account and hereby declare under populty of law that all statements of fact contains	ined herein						
			It of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith.	illed Hereill						
	[18 U.S.C., Section 10	01(1986)]							
		V								
		X	/s/ Tenzin Gyaltsen							
		Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.							
		(e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, place your curso							
		rz but	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot	us compatibility settings.						
		Typed	or printed name: Tenzin Gyaltsen							
,										
,										
		Title:	General Manager							
		riuc.	(Title of official position held in corporation or partnership)							
		Date:	February 26, 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: City of Tacoma 62227	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions						
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period ID number						

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of

a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station 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

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

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

ACCOUNTING PERIOD: 2018/2

DSE SCHEDULE. PAG	E 11. (CONTINUED)							
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma 62227							
ı								
	SUM OF DSEs OF CATEGORY "O" STATIONS:							
	Add the DSEs of each station.							
	Enter the sum here and in line	1.00						
•	Instructions:							
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5							
Communication	of space G (page 3).	" for each indep	andant station, give the DSI	= 00 "1 0": for	and natwork or nancom			
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."							
Category "O"								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	CBAT	1.000	OALL OIGH	DOL	OALL GIGIT	DOL		
	CDAT	1.000						
Add rows as								
necessary.								
Remember to copy								
all formula into new								
rows.								
TOWS.								

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		···						
		···						
		<u>''</u>						
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		···						

Name	City of Taco	OWNER OF CABLE SYSTEM:					S	62227
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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 SYSTEI	R 3. JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE	6. DS	SE.
						x		
						<u>x</u>		
						x x		
						x		
			÷		=	x	<u>=</u>	
			÷ ÷		= 	x x	·····	
	Add the DSEs Enter the su	s OF CATEGORY LAC S of each station. um here and in line 2 of p		dule,		0.00		
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 							
		SU	BSTITUTE-BA	ASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4	-	=		÷		=
				=		÷		=
		+	-	=		÷		=
		÷	-			÷		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	IS STATIONS:			0.00		
5		ER OF DSEs: Give the ams applicable to your system		xes in parts 2, 3, and	1 4 of this schedule	and add them to provide		
Total Number		f DSEs from part 2 ●			>	•	1.00	
of DSEs		f DSEs from part 3 ●			:	•	0.00	
	3. Number o	f DSEs from part 4 ●			>	•	0.00	
	TOTAL NUMBE	ER OF DSEs				>		1.00

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

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 62227	Name	
Instructions: Blo		nleted						<u> </u>		
In block A:			oort 6 and nort	7 of the DSE coh	adula blank a	ad complete pe	ort 9 (nago 16) of	: the	6	
schedule.		•	•	7 of the DSE sche	edule blank al	na compiete pa	art 8, (page 16) or	ine	0	
If your answer if	"No," complete blo			TELEVISION M	ARKETS				Computation of	
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee	
effect on June 24,		schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7				
_	olete blocks B and		30 110 1 00 M		, iii (BEICOL)	7.11.1 0 7.11.12 7				
			CK B. CARR	IAGE OF PERI	MITTED DS	SFe				
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry		
CALL SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)										
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	asis on which you o elow pertain to tho arket quota rules [7	se in effect o	n June 24, 198		y tc		
67 W W W 162	B Specialty stati C Noncommeric D Grandfathered	cal educational distant	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)				
	instructions for	ant to individ	ual waiver of F	, ,	aia muianta l	OF 1001				
	•	JHF station w	/ithin grade-B	ne or substitute ba contour, [76.59(d)(eam.	•		erring to 76.61(e)	(5)		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of		
	tilis scricudic to	determine the								
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
CBAT	A	1.00	SIGN	BASIS		SIGN	BASIS			
								1.00		
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE					
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			-	1.00		
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				1.00		
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00		
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent	
Line 5: Multiply I	line 4 by 0.0375	and enter su	um here						partially permited/ partially	
Line 6: Enter tota	al number of DC	Ee from line	3				х	_	nonpermitted carriage? If yes, see part	
Line o. Enter tota	ai number of DS	LS HUITI IIIIE	٠					<u> </u>	9 instructions.	
Line 7: Multiply I	line 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227										
			BLOCK	A: TELEVI	SION MARKETS	S (CONTIN	UED)	1		_
	CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
····										0.70700
••••• <mark>••••</mark>										
									••••••	
····										
••••										
			L							

	LEGAL NAME OF OWN	NER OF CABLE	SYSTEM:					SYSTEM ID#						
Name	City of Tacoma	1						62227						
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections													
	,	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE DSE												
	SIGN	DSE	PE	ERIOD	CARRIAGE		DSE	DSE						
7 Computation of the	,	"Yes," comple	pleted. te blocks B and C, ocks B and C blant		part 8 of the DSE	schedule.	·							
Syndicated			BLOC	(A: MAJOR	TELEVISION M	1ARKET								
Exclusivity														
Surcharge	Is any portion of the or	cable system w	ithin a top 100 majo	or television mark	et as defned by se	ction 76.5 of FCC	rules in effect J	une 24, 1981?						
	X Yes—Complete	blocks B and	C .		No—Proc	eed to part 8								
					7									
	BLOCK B: C	arriage of VHF	/Grade B Contour	Stations	E	BLOCK C: Compu	utation of Exem	pt DSEs						
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places				n listed in block B he cable system p rule 76.159)								
	Yes—List each s	tation below with	n its appropriate perr	mitted DSE	Yes—List e	each station below	with its appropria	ate permitted DSE						
	X No—Enter zero a	and proceed to p	art 8.		X No—Enter	zero and proceed	to part 8.							
		1		, ,			1							
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGI	N DSE	CALL SIG	N DSE						
		 												
		 												
		 				·····								
		 				·····								
		 												
		 												
		<u> </u>	TOTAL DOS-	0.00			TOTAL DO	Es 0.00						
		L	TOTAL DSEs	0.00			TOTAL DS	L9 U.UU						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: City of Tacoma	SYSTEM ID# 62227	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,922,425.91	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? X Yes—Complete section 3 below. 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			TEM ID# 62227
	,	City of Tacoma	02221
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	
8 Computation of Base Rate Fee	You me 6 was 6 In blo If you If you blank What i	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. our answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. our answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below it. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
	[Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 1,922,425.91	
	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) ▶ _ \$ 13,476.21	
		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 ▶ <u>\$</u> -	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. \$20,4	154.61

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

	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
City	f Tacoma 62227	
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **Section 1.1**	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here >	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of Base Rate Fee
First: I station DSEs a Finally	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
	section:	
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• If:		
and 4 o	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or, 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,	
	6 of this schedule.	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total	

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

DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62227 City of Tacoma 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 OWN City of Tacoma	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO)UP		SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
			<u>.</u>					Syndicated
				-		H		Exclusivity Surcharge
						 		for
								Partially
								Distant
		-						Stations
		_				<u> </u>		
						H		
		H				H		
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 0	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP	-	FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-			<u></u>	
							••••	
		-						
	<u></u>						<u></u>	
						 	<u></u>	
	<u></u>	H					<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
	Craur	•			unth Ours	•	•	
Gross Receipts Third	Group	>	0.00	Gross Receipts Fou	ırın Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				Ш				
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$	0.00	

LEGAL NAME OF OWNE City of Tacoma	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
BL				TE FEES FOR EAC				
	FIFTH	SUBSCRIBER GRO			JP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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
			···		·····			Gtationio
Total DSEs	•	'	0.00	Total DSEs	•	**	0.00	
	oup.	¢	0.00		and Croup	¢	0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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 G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GROU			TENTH	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
					······································		<u></u>	Surcharge for
		-						Partially
								Distant
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GROU	JP	11	TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-			
						-		
		-						
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ity of Tacoma 62227									
BL	OCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCE	RIBER GROUP				
	RTEENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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>		<u>.</u>			Stations		
			<u></u>		·····					
			<u> </u>							
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	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
FIF	TEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<u></u>							
			<u></u>		·····					
			<u></u>		·····					
			<u></u>							
			······································							
			<u></u>		<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00			
	roun		0.00		rth Croup	•	0.00			
Gross Receipts Third G	noup	\$	0.00	Gross Receipts Fou	rai Gioup	\$	0.00			
Base Rate Fee Third G	roup	\$	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.	\$				

LEGAL NAME OF OWN City of Tacoma	GAL NAME OF OWNER OF CABLE SYSTEM: ty of Tacoma SYSTEM ID# 62227									
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
	NTEENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
	<u></u>							Syndicated Exclusivity		
								Surcharge		
								for		
								Partially		
	<u></u>		<u></u>					Distant		
	<u></u>		···					Stations		
	···									
			0.00				0.00			
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			
N	INTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	<u></u>									
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	<u></u>		<u></u>							
	<u></u>		···							
	···		···							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add the Enter here and in blood			scriber group	as shown in the boxe	s above.	\$				

LEGAL NAME OF OWNE City of Tacoma	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ity of Tacoma 62227									
BL	OCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EAC						
TWENT	Y-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
			<u></u>					Syndicated		
			<u></u>					Exclusivity Surcharge		
		_	<u>-</u>		····			for		
								Partially		
		_	<u></u>					Distant		
								Stations		
		H	<u> </u>							
	ļ									
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWEN	TY-FOURTH	I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
			<u> </u>							
				-						
		-	<u> </u>		••••					
			<u></u>		<u>.</u>					
		-								
		_								
					<u></u>					
			<u></u>							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
C. CCC R. CCCIpto Tillid G	. Jup	-	<u> </u>	S. S	Стоир	*				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$				

LEGAL NAME OF OW City of Tacoma	NER OF CABL	E SYSTEM:				S	YSTEM ID# 62227	Name
TWE	ENTY-FIFTH	COMPUTATION OF SUBSCRIBER GROU	JP	11	NTY-SIXTH	RIBER GROUP I SUBSCRIBER GRO		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
					····			
							<u> </u>	
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		\$	0.00	Base Rate Fee Seco		\$	0.00	
TWENT' COMMUNITY/ AREA		SUBSCRIBER GRO	JP 0	TWEN		SUBSCRIBER GROU	UP 0	
COMMONT IT AREA	······································			COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
		-						
Total DSEs			0.00	Total DSEs	·		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 Four	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 City of Tacoma	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity
					·····			Surcharge for
		 		·		•		Partially
					•••••			Distant
								Stations
			<u></u>					
	···				·····			
					••••			
Total DSEs			0.00	Total DSEs	!		0.00	
			0.00		and Craun	¢	0.00	
Gross Receipts First C	ьтоир	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIF	RTY-FIRST	SUBSCRIBER GRO	DUP	THIR	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>		<u></u>					
	···				·····			
	<mark>.</mark>		<u></u>					
	<mark>.</mark>		<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 t			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								Name
				ATE FEES FOR EAC				
THIRT	Y-THIRD	SUBSCRIBER GRO	UP 0	THIRT		I SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA				COMMONT 17 AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee and
			<u>-</u>					Syndicated
								Exclusivity
		-						Surcharge
			<u>.</u>		<u></u>			for Partially
								Distant
								Stations
			<u>.</u>		<u></u>			
			<u>-</u>					
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Grood Redelpts First Of	оир		0.00	Cross receipts eco	па отоар	<u>*</u>		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO		iii .		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		<u></u>			
			<u>-</u>					
			<u>-</u>					
			<u>.</u>		<u></u>			
								
Total DSEs		1	0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							i	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
THIRTY-	SEVENTH	SUBSCRIBER GRO		THI	RTY-EIGHTH	SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					·····			Exclusivity
	···	H	<u></u>		·····		·····	Surcharge for
	···	H	···	· · · · · · · · · · · · · · · · · · ·				Partially
								Distant
								Stations
	<u>.</u>		<u></u>					
			<u></u>					
	···	-	····					
			····					
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross rescripto i not c	лоар	<u> </u>		ll cross resorpts ess	ond Group	<u>*</u>		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO)UP		FORTIETH	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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			<u></u>					
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							2.22	
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			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
	TY-FIRST	SUBSCRIBER GRO		ii e		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
	<u> </u>							Syndicated
	<mark></mark>							Exclusivity
	<mark></mark>		<u></u>		<u></u>			Surcharge for
	<u></u>			·	·····			Partially
								Distant
								Stations
	<u> </u>							
	<mark></mark>							
	<mark></mark>		<u></u>		·····			
	<u> </u>				·····			
Total DSEs		Ш	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	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	UP	11		SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>		<u></u>					
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•••••	<u>"</u>	-	<u></u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		·			- · P	<u>·</u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW City of Tacoma	NER OF CABL	E SYSTEM:				S	YSTEM ID# 62227	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	0
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity Surcharge
		-						for
								Partially Distant
								Stations
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		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	<u> 0</u>	COMMUNITY/ AREA		1 SUBSCRIBER GRO	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	_		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 OWNE City of Tacoma	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
Bl	OCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCE	RIBER GROUP		
	ΓY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	-			-		-		Exclusivity Surcharge
	-				••••	•		for
								Partially
								Distant
								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	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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	
	Proup	¢	0.00		rth Group	•	0.00	
Gross Receipts Third G	лоир	\$	0.00	Gross Receipts Fou	rai Gioup	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227									
В	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
	<u></u>							Exclusivity Surcharge	
				·				for	
								Partially	
								Distant	
		-						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 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FII	FTY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	···				•••••				
		-							
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	···	-	···	·	••••				
Total DSEs			0.00	Total DSEs			0.00		
	Croup	•	0.00		rth Croup	¢	0.00		
Gross Receipts Third	σιυαρ	\$	0.00	Gross Receipts Fou	ıuı Gioup	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227								
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP	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
			<u> </u>					and
			<u> </u>					Syndicated Exclusivity
			-	1				Surcharge
								for
								Partially
		-	<u></u>					Distant
	···		<u></u>					Stations
								
		-	<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	
FIF	TY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	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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			<u></u>					
			<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 the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE City of Tacoma	R OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
BI	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SIX	TY-FIRST	SUBSCRIBER GRO		SIX	TY-SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
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
		-	<u></u>					Distant
								Stations
		-				-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIX	TY-THIRD	SUBSCRIBER GRO	UP	SIX	(TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	(TY-FIFTH	SUBSCRIBER GRO		ii e		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
								Base Rate Fe
								and
								Syndicated
								Exclusivity
	···	-			·····			Surcharge for
		-						Partially
								Distant
								Stations
	···							
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Gloss Receipts First Gloup \$ 0.00					· · · · · · · · · · · · · · · · · · ·			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	DUP	SI	XTY-EIGHTH	H SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
Total DSEs			0.00	Total DSEs			0.00	
	O	•			with Comme	•	_	
Gross Receipts Third	JIOUP	\$	0.00	Gross Receipts Fou	ıııı Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc	ne base ra	te fees for each subs				\$	0.00	

LEGAL NAME OF OWNI	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GRO		H		SUBSCRIBER GRO	UP	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
			<u></u>					Exclusivity
			 					Surcharge
	···		···				<u></u>	for Partially
	···					-	••••	Distant
		-					•••••	Stations
			<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	
SEVEN	ITY-FIRST	SUBSCRIBER GRO	UP	SEVEN	ITY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
								
								
		-	···		·····			
							····	
			 					
Total DSEs	1		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 the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN City of Tacoma	NER OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
SEVE	NTY-THIRD	COMPUTATION OF SUBSCRIBER GRO	UP	III	TY-FOURTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		-					Base Rate Fee
	····		·		·····			and Syndicated
								Exclusivity
	<u></u>				<u>.</u>			Surcharge
	····		·					for Partially
								Distant
	<u>.</u>							Stations
								ı
								ı
								1
								İ
Total DSEs		•	0.00	Total DSEs	•		0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	1
								İ
Base Rate Fee First	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GRO	UP 0	III		1 SUBSCRIBER GRO		İ
COMMUNITY/ AREA			U	COMMUNITY/ AREA	······································		0	İ
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
	<mark></mark>							İ
	····		-	-				1
								1
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	····		·		·····			ı
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								ı
								ı
Total DSEs			0.00	Total DSEs	_		0.00	İ
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
	·							İ
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEVENTY-	SEVENTH	SUBSCRIBER GRO	UP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
	<u> </u>					 		Syndicated
	<u> </u>				<u></u>	-	<u></u>	Exclusivity
	·				·····	-	<u></u>	Surcharge for
	·	-	·		••••	-	<u></u>	Partially
			•					Distant
								Stations
						-		
					<u></u>			
	<u></u>		<u> </u>		·····	<u> </u>		
Total DSEs		<u> </u>	0.00	Total DSEs		Щ	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00				
·	•			·				
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
							<u></u>	
					·····	-	<u></u>	
	·-		······································		·····	-	····	
		 	·			-	···	
						-	<u> </u>	
	··				·····		<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 C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN City of Tacoma	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62227								
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
EIGI	HTY-FIRST	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
			<u></u>					and	
					·····			Syndicated Exclusivity	
		H		1				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 (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGH	HTY-THIRD	SUBSCRIBER GRO	DUP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	····	-	<u></u>						
		H			·····				
			<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 Third Base Rate Fee: Add tenter here and in block	the base ra	te fees for each subs				\$	0.00		

LEGAL NAME OF OWN	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62227								
		COMPUTATION C		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA		- COBOONIBEN ON	0	COMMUNITY/ ARE		T COBOONIBER ONCO	0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
							<u> </u>	Base Rate Fe 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 Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGHTY- COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	OUP 0	EIG COMMUNITY/ ARE		1 SUBSCRIBER GRO	UP 0		
COMMONT IT AIRLA				COMMONT IT ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
Total DSEs	2	•	0.00	Total DSEs	andle Caressan	•	0.00		
Gross Receipts Third	οιουμ	\$	0.00	Gross Receipts Fou	iiii Gioup	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add to Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$			

LEGAL NAME OF OWNE	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
				TE FEES FOR EAC				
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
				·	····		····	Surcharge for
		H	···	· · · · · · · · · · · · · · · · · · ·	••••			Partially
								Distant
								Stations
					····		····	
	<u> </u>				••••			
					•••••			
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross recorpts rinst C	Тоир			Cross receipts eee	ona Oroup	*		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>		<u></u>					
	<mark></mark>							
	<u> </u>	<u> </u>	<u></u>		·····			
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	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 the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
								for Partially
	···		···	·	·····			Distant
							·····	Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						·		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NI	NETY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			···					
							<u></u>	
							····	
		-					•••••	
		-						
					·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNI	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name	
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
NINETY-	SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	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	
							<u></u>	Exclusivity Surcharge	
		 				•		for	
								Partially	
								Distant	
								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		
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE H	HUNDREDTH	SUBSCRIBER GROU	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u>.</u>				
	•••••••••				••••	•			
	···		 		·····				
					·····				
			0.00				0.00		
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			scriber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	E SYSTEM:				SY	STEM ID# 62227	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	1 SUBSCR	IBER GROUP		
	D FIRST	SUBSCRIBER GROL		Ti .	D SECOND	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
		-	 		. 			Syndicated
								Exclusivity Surcharge
					•••••••••••••••••••••••••••••••••••••••	-		for
								Partially
								Distant
		-						Stations
					<u></u>			
								
						-		
					······································			
Total DSEs	 		0.00	Total DSEs	_		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	D THIRD	SUBSCRIBER GROU		Ti .	D FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
BL	OCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
ONE HUNDRI	ED FIFTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
					·····			and Syndicated
								Exclusivity
								Surcharge
								for
					<u></u>			Partially Distant
			···		·····			Stations
					<u></u>			
			···	·	·····			
Total DSEs		···	0.00	Total DSEs		<u>!</u> !	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
			1					
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec		\$	0.00	
	SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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 G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE City of Tacoma	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
BL	OCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO		ONE HUND	RED TENTH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fee
			<u></u>					and Syndicated
		H						Exclusivity
								Surcharge
								for
			<u></u>					Partially
			<u></u>					Distant Stations
		-	<u> </u>					Otations
			<u></u>					
			<u></u>					
Total DSEs		<u> </u>	0.00	Total DSEs		Ц	0.00	
Gross Receipts First Gr	nun	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
eroso recorpto i not er	оир			aroso recorpto cost	ona Oroap			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	EVENTH	SUBSCRIBER GRO		111		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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 G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	DURTEENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	·				••••		<u></u>	Partially
						-		Distant
								Stations
					<u>.</u>	-	<u></u>	
	<u></u>				·····		<u></u>	
					····	-	<u></u>	
Total DSEs	_	LI.	0.00	Total DSEs		Щ	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	FIEENIH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
						-	<u></u>	
						-		
							••••	
						-		
	·				····	-	<u> </u>	
	·				·····	-	<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 C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED SEVEN	NTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<u>.</u>							Syndicated Exclusivity
	-							Surcharge
		-						for
								Partially
								Distant
								Stations
		-		·				
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	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>						
	. <mark>.</mark>							
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
	•							
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:				SI	STEM ID# 62227	Name
				TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU		Ħ		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>	-	<u> </u>	and
							<u> </u>	Syndicated Exclusivity
						 		Surcharge
								for
					<u></u>			Partially
					<mark></mark>			Distant
						-		Stations
					····		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		Ħ		SUBSCRIBER GROUP		
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>	
		-			<u></u>	-		
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU	P	ONE HUNDRED TV	VENTY-SIXTH	I SUBSCRIBER GROUP)	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>		<u></u>		·····			Syndicated
	<u> </u>		······································		••••			Exclusivity
								Surcharge
								for
			<u> </u>					Partially
		-	<u> </u>					Distant Stations
	·		<u>-</u>		••••			Otations
			<u> </u>					
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 Sec	ond Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			. 		·····			
			<u></u>					
	<u></u>		<u></u>					
		-	<u> </u>					
	·		<u>-</u>		••••			
			<u> </u>					
	···		<u></u>		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN City of Tacoma	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name	
В	LOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D THIRTIETH	SUBSCRIBER GROUP		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	
	···		<u> </u>	-	·····			Exclusivity Surcharge	
				·				for	
								Partially	
								Distant	
		-						Stations	
			<u> </u>				<u></u>		
					•••••				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
	- V - C - C - C - C - C - C - C - C - C					<u>·</u>			
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROUP	•	ONE HUNDRED THI	RTY-SECONE	SUBSCRIBER GROUP	1		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
							•••••		
		-							
	···		<u> </u>		·····				
		-		·					
		-							
T			0.00	T			0.00		
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	rth Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED THII	RTY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TH	IRTY-FOURTH	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated Exclusivity
						-		Surcharge
		-	······································					for
								Partially
	<u></u>		<u> </u>			 		Distant
	<mark></mark>		<mark></mark>			-		Stations
	···		<mark></mark>			-		
	··		<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	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GROUP	ס	ONE HUNDRED	THIRTY-SIXTH	I 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>					
	<mark></mark>		<mark></mark>			-		
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	<u></u>		···					
			<mark></mark>					
	<mark></mark>		<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 the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		1		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-					<u></u>	Syndicated
			<u>.</u>					Exclusivity Surcharge
					••••		····	for
								Partially
								Distant
								Stations
							<u></u>	
				·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HINDRED THE	TV NINTU	SUBSCRIBER GROUF	•	ONE HUNDBE) EODTIETH	I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	KI T-INIIN I FI	SUBSCRIBER GROUP	0	COMMUNITY/ AREA		1 30B3CRIBER GROC	0	
OOMINIONI II AKLA				OOWINONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					····		<u></u>	
					····		····	
					••••		····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Froup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OW City of Tacoma	NER OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
ONE HUNDRED F	ORTY-FIRST	COMPUTATION OF SUBSCRIBER GROUF)	Ħ	RTY-SECONE	RIBER GROUP O SUBSCRIBER GROUF		9
COMMUNITY/ ARE	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
					<u></u>			Partially
								Distant
								Stations
								
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUF)	
COMMUNITY/ ARE	Α		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	d Group	\$	0.00	Gross Receipts Fourt	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 OWNER City of Tacoma	R OF CABL	E SYSTEM:				SY	STEM ID# 62227	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
	TY-FIFTH	SUBSCRIBER GROUP		TI .	ORTY-SIXTH	SUBSCRIBER GROUP		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
					<u></u>		<mark></mark>	and
		-	 		<mark></mark>	-	<mark></mark>	Syndicated
					<u> </u>	 		Exclusivity Surcharge
					······································	-		for
					••••••••••	-		Partially
								Distant
								Stations
					<u> </u>			
					<mark></mark>		<u></u>	
					<mark></mark>	-	<u></u>	
					<u> </u>	 		
					······································	 		
Total DSEs	!		0.00	Total DSEs	<u>.</u>		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
					<u> </u>	-		
						-		
		-				-		
					<u> </u>			
					<mark></mark>		<u></u>	
		-			<u></u>		<u> </u>	
					. 		<u> </u>	
					<u>-</u>	-	<u></u>	
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 62227	Name
				ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	JP	ONE HUNDRE	D FIFTIETH	I SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					····			and Syndicated
		-			····			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
					••••			
Total DSEs		-	0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A			
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 G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
					•			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE City of Tacoma	R OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GRO		1		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
			<u> </u>					and
								Syndicated Exclusivity
			-	1				Surcharge
			<u> </u>					for
								Partially
			<u> </u>					Distant
			<u> </u>					Stations
			<u></u>					
			<u>-</u>					
			<u> </u>					
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 Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO		İ		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>					
			<u></u>		<mark></mark>			
			-	·	·····			
			<u></u>					
			<u> </u>					
			<u>-</u>	·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	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.	\$		

LEGAL NAME OF OW City of Tacoma	NER OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
ONE HUNDRED FIF	TY-SEVENTH	COMPUTATION OF SUBSCRIBER GROUP	1	it .	FTY-EIGHTH	RIBER GROUP I SUBSCRIBER GROUF		9
COMMUNITY/ AREA	<i></i>		0	COMMUNITY/ AREA			0	9 Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			
		-						
					 			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP	ı	ONE HUNDRE	ED SIXTIETH	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA	٠		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	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

	A: COMPUTATION RST SUBSCRIBER GI	ROUP	ATE FEES FOR EAG				
COMMUNITY/ AREA	KST SUBSCRIBER G		11				
		•	COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9
CALL SIGN DS		0	COMMUNITY/ ARE	Α			Computation
	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
							Exclusivity Surcharge
						·····	for
							Partially
							Distant
							Stations
				·····	-		
			·				
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRD SUBSCRIBER G	ROUP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							
		······	-	·····			
							
						<u> </u>	
						·····	
Fotal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	.*				<u>·</u>		
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
			<u> </u>				
Base Rate Fee: Add the basenter here and in block 3, line		ıbscriber group	as shown in the boxe	es above.	\$	0.00	

LEGAL NAME OF OWN City of Tacoma	IER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
E				TE FEES FOR EAC				
001111111111111111111111111111111111111		SUBSCRIBER GRO		001411111		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
	<mark></mark>					-		and
						 		Syndicated Exclusivity
						 		Surcharge
								for
								Partially
	····					-		Distant Stations
	····	H						Otations
	<u></u>							
	····		····					
Total DSEs		! !	0.00	Total DSEs	<u>.</u>	!!	0.00	
	ss Receipts First Group \$		\$ 0.00		ond Group	\$	0.00	
						·		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						 		
						-		
	····					-		
	<u></u>							
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

	ID			TE FEES FOR EACH				В	
9)P 0	SUBSCRIBER GROU	IENIH	COMMUNITY/ AREA	<u>)</u> P	SUBSCRIBER GRO	NINTH	COMMUNITY/ AREA	
Computation				COMMONT IT AREA				DOMINIONIT IT ANEX	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and									
Syndicate									
Exclusivit Surcharg									
for		-							
Partially						-			
Distant									
Stations		 							
	<u></u>								
	<u></u>						···		
	0.00 Total DSEs					Es <u>0.00</u>			
	0.00	\$	d Group	Gross Receipts Secon	\$ 0.00		First Group \$		
	-	· ·	•			-	·	·	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G	
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	E	
	COMMUNITY/ AREA 0				0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
									
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00		Constant	Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs	

Name								City of Tacoma	
	ID.			TE FEES FOR EACH					
9	JP 0	SUBSCRIBER GROU	KIEENTH	FOU COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	KIEENTH	THIF COMMUNITY/ AREA	
Computation				COMMONT IT AREA				COMMONT IT AILA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F							<u> </u>		
and				•••••					
Syndicate Exclusivit	<u></u>			•••••			<u></u>		
Surcharge		-							
for									
Partially									
Distant									
Stations	<u></u>						<u></u>		
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				•••••			<u></u>		
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	ss Receipts First Group \$		
	1								
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	XTEENTH	SI	JP	SUBSCRIBER GROU	FTEENTH	FII	
	0	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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		_					<u></u>		
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	<u> </u>	-					<u> </u>		
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	0.00			Total DSEs	0.00			Total DSEs	
			Group		,	s	Group		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G	

LEGAL NAME OF OWNE City of Tacoma	R OF CABL	LE SYSTEM:	•			SY	STEM ID# 62227	Name
				TE FEES FOR EACH				
	ITEENTH	SUBSCRIBER GROU			HTEENTH	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
							<u>-</u>	Exclusivity
							-	Surcharge
								for
								Partially
								Distant
								Stations
	 						<u>-</u>	
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	····				·····	-	<u>-</u>	
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	<u> </u>							
Total DSEs		0.00		Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 0.00		Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NIN	ITEENTH	SUBSCRIBER GROU	IP	TV	VENTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	ļ						<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
					Canada	•		
Gross Receipts Third G	iioup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		te fees for each subsc space L (page 7)	riber group	as shown in the boxes a	above.	\$		

Name	62227							City of Tacoma	
				TE FEES FOR EACH					
9	JP 0	SUBSCRIBER GROU	'-SECOND	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	ITY-FIRST	TWEN COMMUNITY/ AREA	
Computation				COMMUNITY AREA				COMMUNITY AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and		-							
Syndicate									
Exclusivit Surcharge		-							
for	····	-							
Partially									
Distant									
Stations		-					<u>.</u>		
	<u></u>	-					<u></u>		
		-					···		
						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First C	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	/-FOURTH	TWENT	JP	SUBSCRIBER GRO	TY-THIRD	TWEN	
	0	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			Fotal DSEs	
	_	\$	Group		_	s.	Group		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third	

Name	(STEM ID# 62227					LE SYSTEM:	ER OF CABL	LEGAL NAME OF OWNE City of Tacoma
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	ITY-SIXTH	TWEN COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	TY-FIFTH	TWENT COMMUNITY/ AREA
Computation				COMMUNITY AREA				COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and Syndicate	<u></u>						·	
Exclusivit	<u></u>							
Surcharge								
for								
Partially Distant	<u></u>							
Stations	<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 Gr
	P	SUBSCRIBER GROU	Y-FIGHTH	TWENT	JP	SUBSCRIBER GRO	SEVENTH	TWFNTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
						1		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			l					
								
	0.00			Total DSEs	0.00			Total DSEs
		S S	Group	Total DSEs Gross Receipts Fourth	0.00	<u> </u>	Group	Total DSEs Gross Receipts Third G
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	(STEM ID# 62227	S				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OI SUBSCRIBER GRO		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit	<u> </u>					-	-	
Surcharge								
for								
Partially								
Distant								
Stations	<u></u>						·	
	<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 Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	-SECOND	THIRTY	JP	SUBSCRIBER GRO	TY-FIRST	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<u></u>							
	<u></u>						<u> </u>	
							 	
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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 OW City of Tacoma	NER OF CAB	LE SYSTEM:				S	62227	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
THI	RTY-THIRD	SUBSCRIBER GRO		THIR	TY-FOURTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			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
		H						
		+				H		
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	
TH	IRTY-FIFTH	SUBSCRIBER GRO	DUP	TI	HIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	·		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		H			·····			
		-						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l 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	s above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma 62227								
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe							-		
and and									
Syndicated	<u>.</u>								
Exclusivity Surcharge	<u> </u>	-							
for	····	-							
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Stations						_			
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_	0.00		Total DSEs		0.00			otal DSEs	
_	Gross Receipts Second Group \$ 0.00				\$ 0.00		roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GRO	Y-NINTH	THIRT	
D	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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_	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G	
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LEGAL NAME OF OWN City of Tacoma	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	RTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>			-		Syndicated
								Exclusivity
		<u> </u>	<u></u>			-		Surcharge for
	···	H				-		Partially
			····			-		Distant
								Stations
			<u></u>					
	<u>.</u>							
Total DSEs		П	0.00	Total DSEs		11	0.00	
	`roup	•			and Craun	•		
Gross Receipts First C	Froup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	DUP	FOR	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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	
	he base ra	te fees for each subs		as shown in the boxe		\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: City of Tacoma SYSTEM ID# 62227							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BL
٥	IP	SUBSCRIBER GROU	RTY-SIXTH	FOF		SUBSCRIBER GRO	TY-FIFTH	FOR ⁻
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		-						
Syndicated				••••••				
Exclusivity Surcharge		-				H	··	
for		-						
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	0.00			Total DSEs	0.00			Total DSEs
	Second Group \$ 0.00			Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	62227	S'				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
				TE FEES FOR EACH				
<u> </u>		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	ΓY-NINTH	
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								
Surcharge								
for								
Partially								
Distant								
Stations								
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<u>) </u>	0.00			Total DSEs	0.00			Total DSEs
<u>) </u>	Gross Receipts Second Group \$ 0.00				\$ 0.00		roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gr
	UP	SUBSCRIBER GROU	-SECOND	FIFTY	JP	SUBSCRIBER GRO	TY-FIRST	FIF ⁻
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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<u> </u>	0.00			Total DSEs	0.00			Total DSEs
<u>) </u>	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

			TE FEES FOR EACH					
	SUBSCRIBER GROU	FIFTY-FOURTH SUBSCRIBER COMMUNITY/ AREA		JP 0	SUBSCRIBER GROU	ı Y- [HIRD	FIF [*] COMMUNITY/ AREA	
Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for			COMMUNITY AREA	U			COMMUNITY AREA	
0 9	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant								
DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant								
DSE of Base Rate Fed and Syndicated Exclusivity Surcharge for Partially Distant							<u></u>	
Computation DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant						-		
O Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant	_					<u> </u>		
Computation DSE of Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant Stations								
Computation DSE of Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant							<u></u>	
Computation DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations							<u></u>	
Computation DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant								
O Computation DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant	-					<u> </u>		
Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant								
and Syndicate Exclusivit Surcharge for Partially Distant							<u>.</u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	1							
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	FIFTY-SIXTH SUBSCRIBER GROUP				JP	SUBSCRIBER GROU	TY-FIFTH	FIF
	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			<u>I</u>	Total DSEs	0.00			
	0.00			Total DSEs	0.00			Total DSEs
		s	Group			s	Group	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third (

DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated
REA 0 COMMUNITY/ AREA 0 Computation DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated
Base Rate Fe and Syndicated
Syndicated Syndicated
Exclusivity
Surcharge
for Partially
Distant
Stations
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP
REA 0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
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Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

SIGN DSE SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 DIBER GROUP 0	BER GROUP SUBSCRIBER GROUI				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNER City of Tacoma
O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 O.00 UBER GROUP O	SUBSCRIBER GROU		TE FEES FOR EACH				
SIGN DSE SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 UBER GROUP 0		-SECOND			SUBSCRIBER GROU	Y-FIRST	
SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 UBER GROUP 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 IBER GROUP 0	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 IIBER GROUP 0							
Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 UBER GROUP 0							
Surcharge for Partially Distant Stations 0.00 0.00 0.00	-						
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0.00			Total DSEs	0.00			Total DSEs
IBER GROUP 0	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
0	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	SUBSCRIBER GROUI	/-FOURTH	SIXT	JP	SUBSCRIBER GROU	Y-THIRD	SIXT
SIGN DSE			COMMUNITY/ AREA	0		COMMUNITY/ AREA	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
0.00			Total DSEs	0.00		"	Total DSEs
0.00							
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

	YSTEM ID# 62227					LE SYSTEM:	ER OF CABL	City of Tacoma
2227 Name	-			TE FEES FOR EACH				
62227 Name 0 9	SIXTY-SIXTH SUBSCRIBER GROUP					SUBSCRIBER GRO	TY-FIFTH	
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O Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GRO	TY-NINTH	
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	SEVENTH	SUBSCRIBER GRO				I SUBSCRIBER GROU	UP	
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62227 Name	-			TE FEES FOR EACH				
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0 Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	02221					LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
62227 Name	-			TE FEES FOR EACH				
62221	SUBSCRIBER GROU	HTY-SIXTH	EIGH		SUBSCRIBER GROU	TY-FIFTH	EIGH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	JP	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
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	NINETY-SIXTH SUBSCRIBER GROUP					SUBSCRIBER GRO	TY-FIFTH	
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62227 Name GROUP CRIBER GROUP 0 Computation of	CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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se Rate Fee First Group	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIRD	JBSCRIBER GROUP	ONE HUNDRE	D FOURTH	SUBSCRIBER GRO	UP	
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CALL SIGN DSE	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
tal DSEs	0.00	Total DSEs			0.00	
idi DOLO	0.00	Gross Receipts Fourt	th Group	\$	0.00	
oss Receipts Third Group						
	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Tal DSFs			th Group	\$	•	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:	ро			SY	STEM ID# 62227	Name
				TE FEES FOR EACH				
	D FIFTH	SUBSCRIBER GROU		ONE HUNDR	ED SIXTH	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
								and
								Syndicated
								Exclusivity
							<u></u>	Surcharge
								for Partially
								Distant
						-		Stations
								
		-						
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 Second	d Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D EIGHTH	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	1		0.00	Total DSEs	ı		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	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

Nonpermitted 3.75 Stations

	YSTEM ID# 62227	Sì			•	LE SYSTEM:	ER OF CABL	LEGAL NAME OF OWNE City of Tacoma
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: 0	BL
_	IP	SUBSCRIBER GROU	ED TENTH	ONE HUNDR	JP	SUBSCRIBER GRO	ED NINTH	ONE HUNDRE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
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	0.00		<u> </u>	Total DSEs	0.00		-	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED EL
	0							COMMUNITY/ AREA
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 	0.00			Total DSEs	0.00			Total DSEs
 	0.00			Total DSEs	0.00			
 	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	E SYSTEM:				S	(STEM ID# 62227	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROL	IP	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
						 		Syndicated
							<u></u>	Exclusivity
						-		Surcharge
							<u></u>	for
							<u></u>	Partially
							<u></u>	Distant
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					·····		<u></u>	
Total DSEs	<u> </u>		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 Second	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	ΙP	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROU	IP	
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	<u> </u>		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	
ase Rate Fee: Add the			riber group	as shown in the boxes a	above.	\$		

	YSTEM ID# 62227	S`				.E SYSTEM:	ER OF CABL	LEGAL NAME OF OWNE City of Tacoma
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
_		SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED E)	SUBSCRIBER GROUP	NTEENTH	ONE HUNDRED SEVE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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Syndicated								
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for					ļ			
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Distant	<u> </u>				 		·	
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_	0.00			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 Gr
	JP	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP	SUBSCRIBER GRO	NTEENTH	ONE HUNDRED NIN
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		<u> </u>						
						-		
	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

Name	62227							
				TE FEES FOR EACH				
0		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWEN	•	SUBSCRIBER GROUP	NTY-FIRST	ONE HUNDRED TWEN
9 Computation	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		_						
Partially					.		<mark></mark>	
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	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
		-	a Group	Crocc recorpts eccor	_	<u>*</u>	лоир	Bloss Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	\$		
			d Group		'	\$	iroup	
			d Group	Base Rate Fee Secon	'	\$	iroup	3ase Rate Fee First G
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00		d Group	Base Rate Fee Secon		\$	iroup	Base Rate Fee First G
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GI ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GI ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GI ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GI ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GI ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GI ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GIONE HUNDRED TWENCOMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	NTY-THIRD	Base Rate Fee First GI ONE HUNDRED TWEN COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP CALL SIGN	d Group Y-FOURTH DSE	Dase Rate Fee Second ONE HUNDRED TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROUP CALL SIGN	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	SUBSCRIBER GROUP	d Group Y-FOURTH DSE	Base Rate Fee Secon ONE HUNDRED TWENT COMMUNITY/ AREA CALL SIGN	O DSE	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially
O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Of Base Rate Fee and Syndicated Exclusivity Surcharge for
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for
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and Syndicated Exclusivity Surcharge for
Syndicated Exclusivity Surcharge for
Exclusivity Surcharge for
Exclusivity Surcharge for
Surcharge for
for
Distant
Stations
0.00 Total DSEs 0.00
Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Y-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE
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0.00 Total DSEs 0.00
Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

Name								City of Tacoma
)	IBER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH				B ONE HUNDRED TWE
9	0	- CODOCKIDENT ONCO		COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	a Group	Gross Receipts Secon	0.00	\$	-roup	ross Receipts First G
	0.00	\$	d Croup	Basa Bata Faa Caasa	0.00			D (E E : 10
	0.00	Ψ	u Group	Base Rate Fee Secon	0.00	\$	Group	ase Rate Fee First G
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		
								ONE HUNDRED THI
)			ONE HUNDRED THIRT				ONE HUNDRED THI
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI
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	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI OMMUNITY/ AREA
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI OMMUNITY/ AREA
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI OMMUNITY/ AREA
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	COMMUNITY/ AREA
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI
	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	IRTY-FIRST	ONE HUNDRED THI OMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROUP	T-SECOND DSE	ONE HUNDRED THIRT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED THI

Name	YSTEM ID# 62227	S'				LE SYSTEM:	R OF CABI	LEGAL NAME OF OWNE City of Tacoma
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (BL
Ω		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIR	'	SUBSCRIBER GROU	RTY-THIRD	ONE HUNDRED THIR
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
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THII	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
	0	O COMMUNITY/ AREA			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE City of Tacoma	R OF CABI	LE SYSTEM:	ро			SY	STEM ID# 62227	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		H	TY-EIGHTH	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
								and
								Syndicated
								Exclusivity
		-				-	<u> </u>	Surcharge for
		-				-		Partially
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								Stations
							 	
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED I	FORTIETH	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			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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Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

, Name	YSTEM ID# 62227	S			· 	LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNER City of Tacoma
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
_		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FORT		SUBSCRIBER GROUF	RTY-FIRST	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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Exclusivity								
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
	0							COMMUNITY/ AREA
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	(STEM ID# 62227	SY				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE City of Tacoma
		BER GROUP	SUBSCR	TE FEES FOR EACH				
9		SUBSCRIBER GROUP	RTY-SIXTH			SUBSCRIBER GROUI	RTY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	302	57 tal 2 57 57 t	202	07.122.01011		07.22 0.0.1	202	07.12 0.0.1
and								
Syndicated								
Exclusivity								
Surcharge								
for								
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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	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR	1	SUBSCRIBER GROUI	-SEVENTH	ONE HUNDRED FORTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<u></u>					-		
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	l l						1	
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						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00		Group		0.00		Proup	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWN City of Tacoma	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 62227	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED FIFTIETH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA 0			COMMUNITY/ ARE	9 Commutation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O'TEE O'O'T	DOL	OF LEE GIGIT	DOL	O'NEE O'O'Y	BOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for Partially
			<u>-</u>			<u> </u>	····	Distant
								Stations
			ļ					
	<u></u>							
			 				<u> </u>	
			<u>.</u>			 		
Total DSEs		! !	0.00	Total DSEs	<u> </u>	!!	0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				1		-		
						<u> </u>		
	<u>.</u>					-		
						-		
			<u>-</u>			<u> </u>	····	
						 		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:				S'	YSTEM ID# 62227	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT	SUBSCRIBER GROU		ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP				9	
COMMUNITY/ AREA 0			COMMUNITY/ AREA	Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-					<u></u>	Syndicated
						 		Exclusivity Surcharge
						-		for
		-				-		Partially
								Distant
		-						Stations
					ļ		<u></u>	
							<u></u>	
						1		
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
								
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
						-		
		-	ļ		·····	-	<u> </u>	
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		-						
		-						
						<u> </u>	<u></u>	
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	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ate Fee: Add the	e base rat			as shown in the boxes a	·	\$	0.00	

LEGAL NAME OF OWNER City of Tacoma	R OF CABL	LE SYSTEM:				S	YSTEM ID# 62227	Name
				TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED FIFTY-	SUBSCRIBER GROUP)	ONE HUNDRED FIF	TY-EIGHTH)	0		
COMMUNITY/ AREA 0			COMMUNITY/ AREA	9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						<u> </u>		Exclusivity
		-				<u> </u>		Surcharge
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			<u>.</u>		<u>.</u>	.	····	Partially
			 		<u>.</u>			Distant
					·			Stations
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					·	-	····	
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			·				·····	
Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.0			0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GRO	JP	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
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 Group \$ 0.00					
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 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 Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name City of Tacoma 62227 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown