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

email to:

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |  |  |
|-------------------------------|----------------------|--|--|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |  |  |
| 8/27/2019                     | \$ ALLOCATION NUMBER |  |  |  |  |

coplicsoa@copyright.gov

Return completed workbook by

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

| Α          | AC  | COUNTING PERIOD COVERED BY THIS STATEMENT:                            |                     |                              |             |        |  |  |  |
|------------|---|---|---------------------|------------------------------|-------------|--------|--|--|--|
| Accounting |   | 2019/1  |                     |                              |             |        |  |  |  |
| Period     |   |   |                     |                              |             |        |  |  |  |
| Bowner     | Instructions:     Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation     List any other name or names under which the owner conducts the business of the cable system     If there were different owners during the accounting period, only the owner on the last day of the accounting period should submandal single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. |   |                     |                              |             |        |  |  |  |
|            | LE  | GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM                     |                     |                              |             |        |  |  |  |
|            | CEQUEL COMMUNICATIONS LLC   |   |                     |                              |             |        |  |  |  |
|            |   |   |                     |                              |             |        |  |  |  |
|            |   |   |                     |                              | 03099       | 520191 |  |  |  |
|            |   |   |                     |                              | 030995      | 2019/1 |  |  |  |
|            |   |   |                     |                              |             |        |  |  |  |
|            |   | 3015 S SE LOOP 323  |                     |                              |             |        |  |  |  |
|            |   | TYLER, TX 75701   |                     |                              |             |        |  |  |  |
| 0          | INS   | TRUCTIONS: In line 1, give any business or trade names used to id     | dentify the busines | ss and operation of the syst | em unless   | these  |  |  |  |
| С          |   | nes already appear in space B. In line 2, give the mailing address of |                     |                              |             |        |  |  |  |
| System     | 1   | IDENTIFICATION OF CABLE SYSTEM:                                       |                     |                              |             |        |  |  |  |
|            | <u>'</u>  | CLOVIS  |                     |                              |             |        |  |  |  |
|            |   | MAILING ADDRESS OF CABLE SYSTEM:                                      |                     |                              |             |        |  |  |  |
|            | 2   | (Number, street, rural route, apartment, or suite number)             |                     |                              |             |        |  |  |  |
|            |   | (City, town, state, zip code)   |                     |                              |             |        |  |  |  |
| D          | Ins   | tructions: For complete space D instructions, see page 1b. Identify   | only the frst comm  | nunity served below and rel  | ist on page | • 1b   |  |  |  |
| Area       | with  | n all communities.  |                     |                              |             |        |  |  |  |
| Served     |   | CITY OR TOWN  | STATE               |                              |             |        |  |  |  |
| First      | CLOVIS NM   |   |                     |                              |             |        |  |  |  |
| Community  | В   | elow is a sample for reporting communities if you report multiple cha | nnel line-ups in S  | pace G.                      |             |        |  |  |  |
|            |   | CITY OR TOWN (SAMPLE)   | STATE               | CH LINE UP                   | SUB         | GRP#   |  |  |  |
| Sample     | Ald   |   | MD                  | Α                            |             | 1      |  |  |  |
|            |   | ance  | MD                  | В                            |             | 2      |  |  |  |
|            | Ger   | ing   | MD                  | В                            |             | 3      |  |  |  |

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

**ACCOUNTING PERIOD: 2019/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 030995 **CEQUEL COMMUNICATIONS LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **CLOVIS** NM **First CANNON AFB** NM Community FARWELL TX **TEXICO** NM See instructions for additional information on alphabetization. Add rows as necessary.

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

030995

### 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.

| BLOCK 1  |                       |    |       |     | BLOCK 2             |                       |      |  |
|--|-----------------------|----|-------|-----|---------------------|-----------------------|------|--|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS |    | RATE  |     | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE |  |
| Residential:                                     |                       |    |       | П   |                     |                       |      |  |
| <ul> <li>Service to first set</li> </ul>         | 3,683                 | \$ | 34.99 |     |                     |                       |      |  |
| <ul> <li>Service to additional set(s)</li> </ul> | 6,750                 |    | 0     |     |                     |                       |      |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |    |       |     |                     |                       |      |  |
| Motel, hotel                                     |                       |    |       |     |                     |                       |      |  |
| Commercial                                       | 141                   | \$ | 34.99 |     |                     |                       |      |  |
| Converter  |                       |    |       |     |                     |                       |      |  |
| Residential                                      |                       |    |       |     |                     |                       |      |  |
| Non-residential                                  |                       |    |       |     |                     |                       |      |  |
| 1  | I                     |    |       | 1 1 |                     |                       | T    |  |

### F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   | BLOCK 2                  |   |          |   |
|---|--------------------------|---|----------|---|
| CATEGORY OF SERVICE                             | CATEGORY OF SERVICE RATE |   |          |   |
| Continuing Services:                            |                          | Installation: Non-residential               |          |   |
| • Pay cable                                     | \$ 19.00                 | Motel, hotel                                |          |   |
| <ul> <li>Pay cable—add'l channel</li> </ul>     | \$ 19.00                 | Commercial                                  |          |   |
| Fire protection                                 |                          | • Pay cable                                 |          |   |
| •Burglar protection                             |                          | <ul> <li>Pay cable-add'l channel</li> </ul> |          |   |
| Installation: Residential                       |                          | Fire protection                             |          | • |
| First set                                       | \$ 99.00                 | Burglar protection                          |          |   |
| <ul> <li>Additional set(s)</li> </ul>           |                          | Other services:                             |          |   |
| <ul> <li>FM radio (if separate rate)</li> </ul> |                          | Reconnect                                   | \$ 40.00 |   |
| Converter                                       |                          | Disconnect                                  |          |   |
|   |                          | Outlet relocation                           | \$ 25.00 |   |
|   |                          | <ul> <li>Move to new address</li> </ul>     | \$ 99.00 |   |
|   |                          |   |          | • |

ACCOUNTING PERIOD: 2019/1

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030995 CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 5. BASIS OF 1. CALL 2. B'CAST 3 TYPE . DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KACV-2 2.2 E-M Yes 0 AMARILLO, TX KACV-3 2.3 E-M Yes 0 AMARILLO, TX See instructions for additional information or KACV-HD1 2 Ε Yes AMARILLO, TX KAMR-1 4 Ν No AMARILLO, TX KAMR-2 4.3 I-M No AMARILLO, TX KAMR-3 4.4 I-M No AMARILLO, TX N-M KAMR-HD1 4 No AMARILLO, TX KCIT-4 14.4 No AMARILLO, TX 1 KCIT-HD4 I-M 14.4 No AMARILLO, TX KCPN-1 CLOVIS, NM 4 ı No CLOVIS, NM KCPN-HD1 4 I-M No KENW-1 3 Ε No PORTALES, NM I-M No KEYU-3 31.3 AMARILLO, TX KEYU-HD3 31.3 I-M No AMARILLO, TX KFDA(KZBZ)-2 I-M 10.2 No AMARILLO, TX KFDA(KZBZ)-HD2 I-M 10.2 No AMARILLO, TX KFDA-1 10 Ν No AMARILLO, TX KFDA-4 10.4 I-M No AMARILLO, TX N-M KFDA-HD1 10 No AMARILLO, TX KLKW-1 22 No ı AMARILLO, TX KOBR-1 8 Ν No CLOVIS, NM KPTF-1 18 No **FARWELL, TX** KVIH-1 Ν 12 No CLOVIS, NM KVIH-3 12.3 I-M No CLOVIS, NM KVIH-4 12.4 I-M No AMARILLO, TX KVII-2 I-M 7.2 No AMARILLO, TX KVII-HD1 7 Ν No AMARILLO, TX KVII-HD2 7.2 I-M No AMARILLO, TX

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030995 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2   |  |   |  |   |  |   |                  |      |  |  |
|---|--|---|--|---|--|---|------------------|------|--|--|
| LEGAL NAME OF OWNER OF CEQUEL COMMUNICA   |  |   |  |   |  | \$  | 030995           | Name |  |  |
| SUBSTITUTE CARRIAGE   | E: SPECIA  | L STATEMEN  | IT AND PROGRAM LOG   | ı   |  |   |                  | ı    |  |  |
| 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  |  |   |  |   |  |   |                  |      |  |  |
| Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE   |  |   | je blank. If your answer is '  | 'Yes," you mu   | ıst complete   | the progran   | n                |      |  |  |
| In General: List each subsiclear. If you need more spacelear. If you need more spaced was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Lagran Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Can Column 5: Give the morfirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ce, please a of every no distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming | m on a separa attach additional network televition and that your authorizations to use general of the description and that your authorizations to use general of the description of the | al pages. Ision program (substitute pur cable system substitute solutions. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter "Notherwise enter "No | rogram) that, d for the progeral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let | during the a ramming of ins located in List specific nsed by the attified). numerals, volumerals, volu | ccounting another state to the paper c program  FCC or, in with the mon es accuratel could be was required listed pro | th<br>y          |      |  |  |
| S   | UBSTITUT   | E PROGRAM   |  |   | N SUBSTI   |   | 7. REASON<br>FOR |      |  |  |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN   | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY   | 6. T<br>FROM -   | IMES<br>- TO  | DELETION         |      |  |  |
|   |  |   |  |   |  |   |                  |      |  |  |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

PART-TIME CARRIAGE LOG

SYSTEM ID#

030995

### J

### 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 "4/10"
- 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."

|           |                              | DAT  | ES A | AND HOURS ( | OF F | PART-TIME CAF | RRIAGE |                        |      |    |  |
|-----------|------------------------------|------|------|-------------|------|---------------|--------|------------------------|------|----|--|
| CALL SIGN | WHEN CARRIAGE OCCURRED HOURS |      |      |             |      | CALL SIGN     | WHE    | WHEN CARRIAGE OCCURRED |      |    |  |
|           | DATE                         | FROM | URS  | S<br>TO     |      |               | DATE   | FROM                   | OURS | TO |  |
|           |                              |      | _    |             |      |               |        |                        | _    |    |  |
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|           |                              |      |      |             |      |               |        |                        |      |    |  |
|           |                              |      |      |             |      |               |        |                        |      |    |  |
|           |                              |      | _    |             |      |               |        |                        | _    |    |  |
|           |                              |      | _    |             |      |               |        |                        | _    |    |  |
|           |                              |      |      |             |      |               |        | <del> </del>           |      |    |  |

|  | AL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                  |  |  |  |  |  |  |  |
|--|--|-----------------------------|--|--|--|--|--|--|--|
| CE   | QUEL COMMUNICATIONS LLC  | 030995                      | Name   |  |  |  |  |  |  |
| Inst<br>all a<br>(as   | OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seco identifed in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  | ondary transmission service | K<br>Gross Receipts  |  |  |  |  |  |  |
| during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  \$ 1,127,162.98 (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 buck 3 below.  |                             |  |  |  |  |  |  |  |
|  | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.   | entered on line 2 in block  |  |  |  |  |  |  |  |
|  | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.  | uld be entered on line      |  |  |  |  |  |  |  |
| Block<br>1   | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This 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.   | Ψ 1,127,102.30              |  |  |  |  |  |  |  |
|  | This is your minimum fee.  | \$ 11,993.01                |  |  |  |  |  |  |  |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in 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 control of the contro | nn 4, you must check od?    |  |  |  |  |  |  |  |
| Block  | 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   | \$ 5,996.51                 |  |  |  |  |  |  |  |
| 3  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   | 0.00                        |  |  |  |  |  |  |  |
|  | Line 3. Add lines 1 and 2 and enter here   | \$ 5,996.51                 |  |  |  |  |  |  |  |
| Block 4  | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter  | \$ 11,993.01<br>0.00        | Cable systems<br>submitting<br>additional                              |  |  |  |  |  |  |
|  | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)  | 0.00                        | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |  |  |  |  |  |  |
|  | Line 4. FILING FEE   | \$ 725.00                   | additional fees. Division for the appropriate                          |  |  |  |  |  |  |
|  | 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 #  |                             | additional fees.   |  |  |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (see general instructions located in the paper SA3 form and the Excel instructions to   |                             |  |  |  |  |  |  |  |

| Name                       | LEGAL NAME OF OWNER OF CAR   |   | SYSTEM ID#               |  |  |  |  |  |  |
|----------------------------|--|---|--------------------------|--|--|--|--|--|--|
| . 101110                   | CEQUEL COMMUNICA   | TIONS LLC   | 030995                   |  |  |  |  |  |  |
|                            | CHANNELS   |   |                          |  |  |  |  |  |  |
| M                          | _  | ive (1) the number of channels on which the cable system carried television broadcast   | stations                 |  |  |  |  |  |  |
| Channels                   | to its subscribers and (2)   | the cable system's total number of activated channels, during the accounting period.  |                          |  |  |  |  |  |  |
|                            |  | of channels on which the cable  | 28                       |  |  |  |  |  |  |
|                            | system carried television  | n broadcast stations  |                          |  |  |  |  |  |  |
|                            | 2. Enter the total number  | of activated channels   |                          |  |  |  |  |  |  |
| i                          | •  | em carried television broadcast stations  | 476                      |  |  |  |  |  |  |
|                            | and nonbroadcast servi   | ces   |                          |  |  |  |  |  |  |
| N                          | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual |   |                          |  |  |  |  |  |  |
| Individual to              | we can contact about this  | statement of account.)  |                          |  |  |  |  |  |  |
| Be Contacted               |  |   |                          |  |  |  |  |  |  |
| for Further<br>Information | Name SARAH BC  | GUE Telephone   | 903-579-3121             |  |  |  |  |  |  |
| momation                   | Address 3015 S SE  | LOOP 323  |                          |  |  |  |  |  |  |
|                            |  | rral route, apartment, or suite number)   |                          |  |  |  |  |  |  |
|                            | TYLER, TX<br>(City, town, state, 2   |   |                          |  |  |  |  |  |  |
|                            |  |   |                          |  |  |  |  |  |  |
|                            | Email SA   | RAH.BOGUE@ALTICEUSA.COM Fax (optional)  |                          |  |  |  |  |  |  |
|                            | CERTIFICATION /This stat   | compact of account must be contifed and sixuad in accordance with Convision Office and  | udations.                |  |  |  |  |  |  |
| 0                          | CERTIFICATION (This state  | ement of account must be certifed and signed in accordance with Copyright Office reg  | ulations.                |  |  |  |  |  |  |
| Certifcation               | • I, the undersigned, hereby   | certify that (Check one, but only one, of the boxes.)   |                          |  |  |  |  |  |  |
|                            | <b>—</b>   |   | _                        |  |  |  |  |  |  |
|                            | (Owner other than cor  | poration or partnership) I am the owner of the cable system as identifed in line 1 of space   | B; or                    |  |  |  |  |  |  |
|                            | (Agent of owner other  | than corporation or partnership) I am the duly authorized agent of the owner of the cable   | e system as identified   |  |  |  |  |  |  |
|                            | in line 1 of space B   | and that the owner is not a corporation or partnership; or  |                          |  |  |  |  |  |  |
|                            |  | m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ov   | wner of the cable system |  |  |  |  |  |  |
|                            | in line 1 of space B.  |   |                          |  |  |  |  |  |  |
|                            |  | ment of account and hereby declare under penalty of law that all statements of fact contain<br>rect to the best of my knowledge, information, and belief, and are made in good faith.             | ed herein                |  |  |  |  |  |  |
|                            | [18 U.S.C., Section 1001(1   |   |                          |  |  |  |  |  |  |
|                            |  |   |                          |  |  |  |  |  |  |
|                            |  |   |                          |  |  |  |  |  |  |
| 1                          | >  | /s/ Alan Dannenbaum   |                          |  |  |  |  |  |  |
| i                          | Ente   | r an electronic signature on the line above using an "/s/" signature to certify this statement.   |                          |  |  |  |  |  |  |
|                            | (e.g.  | , /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus |                          |  |  |  |  |  |  |
|                            |  |   |                          |  |  |  |  |  |  |
|                            | Тур  | ed or printed name: ALAN DANNENBAUM   |                          |  |  |  |  |  |  |
|                            |  |   |                          |  |  |  |  |  |  |
|                            | Title  |   |                          |  |  |  |  |  |  |
|                            |  | (Title of official position held in corporation or partnership)   |                          |  |  |  |  |  |  |
|                            | Date   | e: August 18, 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:  CEQUEL COMMUNICATIONS LLC  030995  | Name                                |  |  |  |  |
|--|-------------------------------------|--|--|--|--|
| CEQUEL COMMUNICATIONS LEC 030993   |                                     |  |  |  |  |
| 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.   | Concerning Gross Receipts Exclusion |  |  |  |  |
| 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 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 4. Enter the analyst of late neumant or undernaument  | Interest                            |  |  |  |  |
| Line 1 Enter the amount of late payment or underpayment  | Assessment                          |  |  |  |  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  |                                     |  |  |  |  |
| x days   |                                     |  |  |  |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |                                     |  |  |  |  |
| x 0.00274  |                                     |  |  |  |  |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,   |                                     |  |  |  |  |
| space L, (page 7)  |                                     |  |  |  |  |
| (interest charge)  |                                     |  |  |  |  |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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  |                                     |  |  |  |  |

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ACCOUNTING PERIOD: 2019/1

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

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

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

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

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

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

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

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during

the accounting period, and (2) dividing that number by the total number 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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

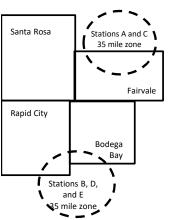
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

### **EXAMPLE**:

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

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



| Distant Stations Carried |                 |       | Identification | Identification of Subscriber Groups |                  |  |  |  |  |
|--------------------------|-----------------|-------|----------------|-------------------------------------|------------------|--|--|--|--|
|                          | STATION         | DSE   | CITY           | OUTSIDE LOCAL                       | GROSS RECEIPTS   |  |  |  |  |
| n                        | 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     |  |  |  |  |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

|                              |              | φο,σοσο                     |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| 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: 2019/1** 

| DSE SCHEDULE. PAG    | E 11. (CONTINUED)                             |                     |                                  |                 |                            |          |  |  |  |  |  |
|----------------------|---|---------------------|----------------------------------|-----------------|----------------------------|----------|--|--|--|--|--|
| 4                    | LEGAL NAME OF OWNER OF CABL                   | E SYSTEM:           |                                  |                 | S                          | STEM ID# |  |  |  |  |  |
| ı                    | CEQUEL COMMUNICATIONS LLC 030995              |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      | SUM OF DSEs OF CATEGOR                        |                     | T 1                              |                 |                            |          |  |  |  |  |  |
|                      | Add the DSEs of each station                  |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      | Enter the sum here and in line                | 1 of part 5 of this | s schedule.                      |                 | 0.50                       |          |  |  |  |  |  |
|                      | In a town a tile on a c                       |                     |                                  |                 |                            | 1        |  |  |  |  |  |
| 2                    | Instructions:<br>In the column headed "Call S | Sign": list the ca  | Il signs of all distant stations | s identified by | the letter "O" in column 5 |          |  |  |  |  |  |
| _                    | of space G (page 3).                          |                     |                                  |                 |                            |          |  |  |  |  |  |
| Computation          | In the column headed "DSE"                    | ": for each indep   | endent station, give the DSI     | E as "1.0"; for | each network or noncom-    |          |  |  |  |  |  |
| of DSEs for          | mercial educational station, given            | ve the DSE as ".2   |                                  |                 |                            |          |  |  |  |  |  |
| Category "O"         |   |                     | CATEGORY "O" STATION             |                 |                            | T        |  |  |  |  |  |
| Stations             | CALL SIGN                                     | DSE                 | CALL SIGN                        | DSE             | CALL SIGN                  | DSE      |  |  |  |  |  |
|                      | KACV-2  | 0.250               |                                  |                 |                            |          |  |  |  |  |  |
|                      | KACV-3  | 0.250               |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
| Add rows as          |   |                     |                                  |                 |                            | (        |  |  |  |  |  |
| necessary.           |   |                     |                                  |                 |                            |          |  |  |  |  |  |
| Remember to copy     |   |                     |                                  |                 |                            |          |  |  |  |  |  |
| all formula into new |   |                     |                                  |                 |                            |          |  |  |  |  |  |
| rows.                |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            |          |  |  |  |  |  |
|                      |   |                     |                                  |                 |                            | 1        |  |  |  |  |  |

| Name  |  | WNER OF CABLE SYSTEM:  MMUNICATIONS LL   | С   |  |  |  | SY   | (STEM ID#<br>030995 |
|---|--|--|---|--|--|--|--|---------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2: figure should or Column 3: Column 4: be carried out a Column 5: give the type-va Column 6:           | t the call sign of all dista<br>For each station, give the orrespond with the information. For each station, give the Divide the figure in colust least to the third decire ach independent state as ".25."  Multiply the figure in co | he number of hours y mation given in space he total number of hours in 2 by the figure in mal point. This is the station, give the "type dumn 4 by the figure | your cable systeme J. Calculate onlours that the station column 3, and g "basis of carriagee-value" as "1.0." in column 5, and                       | n carried the sta<br>y one DSE for e<br>on broadcast ov<br>ive the result in<br>e value" for the s<br>For each netwo<br>give the result i  | tion during the accounting<br>each station.<br>Her the air during the acco<br>decimals in column 4. Th | ounting period.  his figure must  cational station,  less than the |                     |
| Capacity  |  | C  | ATEGORY LAC   | STATIONS: (  | COMPUTATI  | ON OF DSEs   |  |                     |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOL<br>CARRIE<br>SYSTEM   | R 3. NU<br>JRS OF<br>ED BY ST   | JMBER<br>HOURS<br>ATION<br>NAIR  | 4. BASIS OF<br>CARRIAG<br>VALUE  | 5. TYPE  | 6. DSF   | E                   |
|   |  |  | ÷   | =  |  | x  | =  |                     |
|   |  |  | ÷<br>÷  | =  |  | x<br>x   | =  |                     |
|   |  |  | ÷   | =  |  | x  | =  |                     |
|   |  |  | ÷   | =  |  | x  | =  |                     |
|   |  |  | ÷<br>÷  | =  |  | <u>x</u>   | =  |                     |
|   |  |  | ······································  | =  |  | x<br>x   | =  |                     |
|   | Add the DSEs of  | OF CATEGORY LAC S<br>f each station.<br>n here and in line 2 of pa   |   | ·,   | ▶  | 0.00   |  |                     |
| Computation of DSEs for Substitute-Basis Stations                                   | Was carried I tions in effect Broadcast on space I).     Column 2: F at your option. T Column 3: E Column 4: D | or each station give the chis figure should correst inter the number of days the figure the figure in column.  | itution for a program as shown by the lette ork programs during to number of live, nonrespond with the informs in the calendar year in 2 by the figure in c   | that your system<br>or "P" in column 7<br>that optional carrie<br>network programs<br>nation in space I.<br>r: 365, except in a<br>column 3, and giv | was permitted to f space I); and age (as shown by a carried in substance the result in content of the carried in substance the result in content of the carried in substance the result in content of the carried in substance the result in content of the carried in substance the carried in substance the carried in substance in subs | o delete under FCC rules   | 2 of were deleted s than the third                                 | n).                 |
|   |  |  | BSTITUTE-BASI   | S STATIONS   | ı  | ATION OF DSEs  | 1  |                     |
|   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR   | 4. DSE   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR                                    | 4. DSE              |
|   |  | ÷  |   |  |  |  | ······································                             | =                   |
|   |  |  |   |  |  |  |  |                     |
|   |  | •  | -   | =  |  | •  |  | =                   |
|   |  | ÷  | ••••••••••••••••••••••••••••••••••••••  |  |  | ÷  |  | =                   |
|   | Add the DSEs of  | ÷ OF SUBSTITUTE-BASI f each station. n here and in line 3 of pa  | IS STATIONS:  |  | ▶  | 0.00   | ]  |                     |
| 5   |  | R OF DSEs: Give the am applicable to your systen   |   | in parts 2, 3, and   | 4 of this schedul  | e and add them to provide  | the tota   |                     |
| Total Number  | 1. Number of   | DSEs from part 2 ●   |   |  |  | •  | 0.50   |                     |
| of DSEs   | 2. Number of   | DSEs from part 3 ●   |   |  |  | <b></b>  | 0.00   |                     |
|   | 3. Number of   | DSEs from part 4 ●   |   |  |  | <b>-</b>   | 0.00   |                     |
|   | TOTAL NUMBER   | R OF DSEs  |   |  |  | <b>&gt;</b>  |  | 0.50                |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

| LEGAL NAME OF C                                | OWNER OF CABLE  |  |   |  |                |                  | S                   | YSTEM ID#<br>030995 | Name                                   |
|--|---|--|---|--|----------------|------------------|---------------------|---------------------|--|
|  |   |  |   |  |                |                  |                     | 000000              |  |
| Instructions: Blo<br>In block A:               |   |  |   | 7 (4 005 1   |                |                  | 10 ( 10) (          |                     | 6                                      |
| schedule.                                      |   | ·  | •   | 7 of the DSE sche  | edule blank ai | nd complete pa   | art 8, (page 16) of | the                 | 6                                      |
| If your answer if                              | "No," complete blo                                    |  |   | TELEVISION M   | VDKET6         |                  |                     |                     | Computation of                         |
| Is the cable syste                             | m located wholly o                                    |  |   | aller markets as de  |                | ection 76.5 of   | FCC rules and re    | gulations in        | 3.75 Fee                               |
| effect on June 24                              | , 1981?   |  | •   |  |                |                  |                     |                     |  |
| <del></del>                                    | iplete part 8 of the<br>plete blocks B and            |  | O NOT COM   | PLETE THE REMA   | AINDER OF F    | PART 6 AND 7     |                     |                     |  |
| No—Com   | Diete blocks B and                                    | C below.   |   |  |                |                  |                     |                     |  |
|  |   |  |   | IAGE OF PERI   |                |                  |                     |                     |  |
| Column 1:<br>CALL SIGN                         | under FCC rules                                       | and regulatione DSE Sche                           | ons prior to Ju<br>dule. (Note: Ti                  | part 2, 3, and 4 on<br>ne 25, 1981. For fo<br>he letter M below r<br>Act of 2010.) | urther explana | ation of permitt | ed stations, see t  | he                  |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC ru                                      | ıles and regu                                      | ations cited b                                      | asis on which you o<br>elow pertain to tho<br>arket quota rules [7                 | se in effect o | n June 24, 198   |                     | y tc                |  |
| OANNAGE  | B Specialty stati<br>C Noncommeric<br>D Grandfathered | al educationa<br>d station (76.6                   | ll station [76.5<br>35) (see parag                  | 76.59(d)(1), 76.61(<br>9(c), 76.61(d), 76.<br>graph regarding su                   | 63(a) referrin | g to 76.61(d)    | , , ,               |                     |  |
|  | G Commercial U  | ant to individu<br>viously carrie<br>JHF station w | ıal waiver of F<br>d on a part-tir<br>ithin grade-B | ne or substitute ba<br>contour, [76.59(d)(   | •              |                  | erring to 76.61(e)  | (5)                 |  |
|  | M Retransmission                                      | on of a distan                                     | t multicast stre                                    | eam.   |                |                  |                     |                     |  |
| Column 3:                                      |   | e stations ide                                     | ntified by the I                                    | n parts 2, 3, and 4<br>etter "F" in column   |                |                  | vorksheet on pag    | e 14 of             |  |
| 1. CALL  | 2. PERMITTED  | 3. DSE   | 1. CALL   | 2. PERMITTED   | 3. DSE         | 1. CALL          | 2. PERMITTED        | 3. DSE              |  |
| SIGN   | BASIS   |  | SIGN  | BASIS  | -              | SIGN             | BASIS               | -                   |  |
| KACV-2<br>KACV-3                               | M<br>M  | 0.25<br>0.25                                       |   |  |                |                  |                     |                     |  |
|  |   |  |   |  |                |                  |                     |                     |  |
|  |   |  |   |  |                |                  |                     |                     |  |
|  |   |  |   |  |                |                  |                     |                     |  |
|  | -   |  |   | L  |                |                  |                     |                     |  |
|  |   |  |   |  |                |                  |                     | 0.50                |  |
|  |   | В  | LOCK C: CC  | MPUTATION OF   | 3.75 FEE       |                  |                     |                     |  |
| Line 1: Enter the                              | e total number of                                     | DSEs from  | part 5 of this                                      | schedule   |                |                  | ,                   | 0.50                |  |
| Line 2: Enter the                              | e sum of permitte                                     | ed DSEs fror                                       | n block B ab  | ove  |                |                  |                     | 0.50                |  |
|  |   |  |   | r of DSEs subject<br>7 of this schedu  |                | rate.            | ,                   | 0.00                |  |
| Line 4: Enter gro                              | oss receipts from                                     | ı space K (pa                                      | age 7)  |  |                |                  |                     |                     | Do any of the DSEs represent           |
| Lino E. Madeira                                | ino 4 h.: 0 0075                                      | and sut-   | um here   |  |                |                  | x 0.03              | 3/5                 | partially<br>permited/                 |
| Line 5: Multiply                               | ше 4 ру 0.0375  | anu enter st                                       | ın nere   |  |                |                  | ×                   |                     | partially<br>nonpermitted<br>carriage? |
| Line 6: Enter tot                              | al number of DS                                       | Es from line                                       | 3   |  |                |                  | ,                   |                     | If yes, see part<br>9 instructions.    |
| Line 7: Multiply I                             | line 6 by line 5 aı                                   | nd enter her                                       | e and on line                                       | 2, block 3, spac   | e L (page 7)   |                  |                     | 0.00                |  |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 030995 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE BASIS SIGN BASIS SIGN SIGN BASIS Computation of 3.75 Fee

| Name  | CEQUEL COMMUNICATIONS LLC  |   |  |  |  |  |  |  |                               |                   |
|---|--|---|--|--|--|--|--|--|-------------------------------|-------------------|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | stations carried prio Column 1: List the o Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FO A—Part-time spi 76.59( B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Compare in block | or to June 25, 1987 call sign for each of the DSE for this sign for each of the DSE for this sign for each of the basis of carria (Cr rules and regular ecialty programming (d)(1),76.61(e)(1), rogramming: Carria (e)(3)). Carriage under certal instructions in the station's DSE ethe DSE figures B, column 3 of painformation you girthe each of the DSE figures and the page of the page | 1, under former distant station in tation for a singuriod and year in the singuriod and year in the singuriod and year in the singuriod and the singuriod an | r FCC rules govidentifed by the gle accounting pin which the car he station was celew pertain to the properties of the p | /err<br>let<br>per<br>rria<br>arr<br>tho<br>asi<br>(1)<br>(1)<br>s 7                                   | entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of the se in effect on June 24 s, of specialty program ()).  6.59(d)(3), 76.61(e)(3) thorizations. For furthe d as computed in parts t the smaller of the two see accurate and is subject to the subject to the smaller of the subject to the subject | stitute carri-<br>part 6 of the<br>n January 1<br>(e.g., 1981/<br>e following<br>l, 1981.<br>Iming under<br>, or 76.63 (in<br>r explanation<br>2, 3, and 4<br>of figures her | age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedule, This figure | ections  vi) of the should be | 981<br>ne enterei |
|   |  | PERMITTED [   | OSE FOR STA  | TIONS CARRIE   | ED   | ON A PART-TIME AN  | ID SUBSTI  | TUTE BASIS   |                               |                   |
|   | 1. CALL  | 2. PRIOR  |  | COUNTING   |  | 4. BASIS OF  |  | RESENT   | 6. P                          | ERMITTED          |
|   | SIGN   | DSE   | PI   | ERIOD  |  | CARRIAGE   | [  | DSE  |                               | DSE               |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
| <b>7</b> Computation  | •  | "Yes," complete b   | locks B and C,   |  |  |  |  |  |                               |                   |
| of the  | If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  |   |  |  |  |  |  |  |                               |                   |
| Syndicated<br>Exclusivity   | BLOCK A: MAJOR TELEVISION MARKET   |   |  |  |  |  |  |  |                               |                   |
| Surcharge   | • Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June  Yes—Complete blocks B and C.  X No—Proceed to part 8   |   |  |  |  |  |  |  |                               | 1981?             |
|   | BLOCK B: Carriage of VHF/Grade B Contour Stations  BLOCK C: Computation of Exer  |   |  |  |  |  |  |  | nt DSE                        | ,                 |
|   | Is any station listed in commercial VHF station in part, over the cal  |   | Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)  |  |  |  | commu-   |  |                               |                   |
|   | Yes—List each st   | tation below with its<br>and proceed to part 8  |  | mitted DSE   | Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8. |  |  |  | tted DSE                      |                   |
|   | CALL SIGN  | DSE   | CALL SIGN  | DSE  |  | CALL SIGN  | DSE  | CALL SIG   | SN                            | DSE               |
|   |  | ļ   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  |   |  |  |  |  |  |  |                               |                   |
|   |  | <del>                                     </del>  | TOTAL DSEs   | 0.00   |  |  |  | TOTAL DS   | Es                            | 0.00              |
|   |  |   |  |  |  |  |  |  |                               |                   |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  | SYSTEM ID#<br>030995 | Name                      |
|---------------|---|----------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                      |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 1,127,162.98         | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 0.00                 | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00                 | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8  | 0.00                 | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |                      |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                      |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      \[ \begin{align*} \text{Yes}\to Complete part 9 of this schedule. \end{align*} \]      No—Complete the applicable section below.                                 | 0.5                  |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | SE                   |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  |                      |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here  |                      |                           |
|               | D. Multiply line B by line C and enter here   | _                    |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.  |                      |                           |
|               | Sylinicated Excitativity outstange  |                      |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |                      |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$   |                      |                           |
|               | C. Multiply line B by 3.000 and enter here  |                      |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$  |                      |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |                      |                           |
|               | F. Multiply line D by line E and enter here   |                      |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge  |                      |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  | •                    |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |                      |                           |
| Section<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.  |                      |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | SE                   |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$   |                      |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here  |                      |                           |
|               | D. Multiply line B by line C and enter here   |                      |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                      |                           |

| Name   |   | ME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# |
|--|---|---|------------|
|  | (   | CEQUEL COMMUNICATIONS LLC   | 030995     |
| <b>7</b> Computation of the Syndicated Exclusivity Surcharge | Section 4b                                    | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  \$\begin{array}{c} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\  |            |
| Computation<br>of<br>Base Rate Fee                           | You m 6 was In blo If you If you blank What i | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of packed "Yes," use the total number of DSEs from part 5.  book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B because a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers possible within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions. | elow       |
|  |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS   |            |
|  | • Did y                                       | our cable system retransmit the signals of any partially distant television stations during the accounting period?  |            |
|  |   | 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) ▶ \$ 1,127,162   | .98_       |
|  | Section 2                                     | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).   | 0.50       |
|  | 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).  \$\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$   |            |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                            |                             |
|--|---------------------------------------|-----------------------------|
| CEQUEL COMMUNICATIONS LLC  | 030995                                | Name                        |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.  |                                       |                             |
| A. Enter 0.01064 of gross receipts   |                                       | 8                           |
| (the amount in section 1)  |                                       |                             |
| B. Enter 0.00701 of gross receipts   |                                       | Computation                 |
| (the amount in section 1) \$   |                                       | of<br>Base Rate Fee         |
| C. Multiply line B by 3.000 and enter here   |                                       | Dase Rate ree               |
| D. Enter 0.00330 of gross receipts   |                                       |                             |
| (the amount in section 1) \$   |                                       |                             |
| E. Subtract 4.000 from total DSEs  |                                       |                             |
| (the figure in section 2) and enter here   |                                       |                             |
| F. Multiply line D by line E and enter here <b>&gt;</b>  |                                       |                             |
| G. Add lines A, C, and F. This is your base rate fee.  |                                       |                             |
| Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee   | 0.00                                  |                             |
|  |                                       |                             |
| <b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television be instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple Space G.  | ū                                     | 9                           |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base  | · · · · · · · · · · · · · · · · · · · | Computation                 |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To exclusion, you must:  | take advantage of this                | of<br>Base Rate Fee         |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are d   | istant to the same                    | and                         |
| station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Dete   | ermine the number of                  | Syndicated<br>Exclusivity   |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate<br><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  |                                       | Surcharge                   |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exert also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A are the support of the surface of the subscriber group.  |                                       | for<br>Partially<br>Distant |
| if your cable system is wholly located outside all major television markets, complete block A only.  How to Identify a Subscriber Group for Partially Distant Stations   |                                       | Stations, and for Partially |
| Step 1: For each community served, determine the local service area of each wholly distant and each partially dist   | ant station you                       | Permitted<br>Stations       |
| carried to that community.   | ware leasted                          | Stations                    |
| <b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)   |                                       |                             |
| <b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are c subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. I system will have only one subscriber group when the distant stations it carried have local service areas that coincides. | Note that a cable                     |                             |
| <b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your groups.   | our system's subscriber               |                             |
| In each section:   |                                       |                             |
| <ul><li>Identify the communities/areas represented by each subscriber group.</li><li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is dista</li></ul>  | nt to all of the                      |                             |
| subscribers in the group.  |                                       |                             |
| <ul><li>If:</li><li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you g</li></ul>  | ave it in parts 2. 3.                 |                             |
| and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gav  |                                       |                             |
| part 6 of this schedule.   |                                       |                             |
| <ul> <li>Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the get</li> </ul>  | aneral instructions                   |                             |
| in the paper SA3 form.   | ภาษาสา การแนบแบบปร                    |                             |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber groups for that group's complement of stations and total gross receipts from the subscribers in that group). You do                | oup (that is, the total               |                             |

actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030995 **CEQUEL COMMUNICATIONS LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Ra an Syndic   Exclusion   Call Sign   Ca   | SECOND SUBSCRIBER GROUP   | LEGAL NAME OF OWN     |       |                |      |                    |           | S              | 030995                                | Nan      |
|--|---|-----------------------|-------|----------------|------|--------------------|-----------|----------------|---------------------------------------|----------|
| DMMUNITY/AREA   D   COMMUNITY/AREA   D   COMMUNIT   | COMMUNITY AREA   O   COMMUNITY AREA   O   Comput of Base Rate Fee First Group   S   O.00   |                       |       |                |      | TE FEES FOR EAC    |           |                |                                       |          |
| Comput of Base Rate Fee First Group See O.00  Third Dees Group See O.00  Third Dees Group See O.00  Third Dees Group See O.00  Base Rate Fee Second Group See O.00  Third Dees Group See O.00  Community AREA O CO | CAIL SIGN   DSE   CAIL SIGN   |                       |       | SUBSCRIBER GRO |      |                    |           | SUBSCRIBER GRO |                                       | ۵        |
| CALL SIGN   DSE   CALL SIGN    | CALL SIGN   DSE   | COMMUNITY/ AREA       |       |                | 0    | COMMUNITY/ ARE     | Α         |                | 0                                     |          |
| Base Ration Statio  Statio  Base Ration Station  B | Base Rate Fee Third Group \$ 0.00  Call Sign DSE Call Sign  |                       |       |                |      |                    |           | T CALL SIGN    | DSE                                   |          |
| Syndice Exclusion  Intel DSEs  Oss Receipts First Group  See Rate Fee  | Syndic Sections  Total DSEs  Gross Receipts First Group  Sase Rate Fee First Group  CALL SIGN  DSE  CALL SIGN   |                       |       | 0.122.0.0      |      |                    |           |                |                                       | Base Rat |
| Exclusion Surchase for Partial Distance of Par | Exclusion Survival State State State Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Fourth Group \$ |                       |       |                |      |                    |           |                |                                       | and      |
| Surcha for Partial Distal Distal Station  tal DSEs   | Surch   Total DSEs  |                       |       |                |      |                    |           |                |                                       | Syndica  |
|  | Fotal DSEs  O.00  Gross Receipts First Group  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  DS  |                       |       |                |      |                    |           |                |                                       | Exclusi  |
| Partia Distation of the property of the proper | Partial DSEs  O.00  Total DSEs  O.00  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  C  |                       |       | _              |      |                    |           |                |                                       |          |
| Station Statio | Total DSEs  O.00  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  CALL SIGN  DSE  CALL SIGN  |                       |       |                |      |                    |           |                |                                       |          |
| Station  Sta | Static  |                       |       |                |      |                    |           |                |                                       |          |
| tal DSEs oss Receipts First Group see Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE  | otal DSEs  John DSEs  |                       |       | -              |      |                    |           |                |                                       | Station  |
| See Rate Fee First Group  THIRD SUBSCRIBER GROUP  SOMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG | Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                       |       |                |      |                    |           |                |                                       |          |
| See Rate Fee First Group  THIRD SUBSCRIBER GROUP  SOMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG | Gross Receipts First Group  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                       |       |                |      |                    |           |                |                                       |          |
| See Rate Fee First Group  THIRD SUBSCRIBER GROUP  SOMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG | Gross Receipts First Group  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                       |       | -              |      |                    |           |                |                                       |          |
| See Rate Fee First Group  THIRD SUBSCRIBER GROUP  SOMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG | Gross Receipts First Group  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                       |       |                |      |                    |           |                |                                       |          |
| See Rate Fee First Group  THIRD SUBSCRIBER GROUP  SOMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG | Gross Receipts First Group  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                       |       |                |      |                    |           |                |                                       |          |
| See Rate Fee First Group  THIRD SUBSCRIBER GROUP  SOMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG | Gross Receipts First Group  Sase Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  |                       |       |                |      |                    |           |                |                                       |          |
| THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DS | Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI  | Total DSEs            |       |                | 0.00 | Total DSEs         |           |                | 0.00                                  |          |
| THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  COMMUNITY/ AREA  CALL SIGN  DSE  CALL | THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CA  | Gross Receipts First  | Group | \$             | 0.00 | Gross Receipts Sec | ond Group | \$             | 0.00                                  |          |
| DMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN  | COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL S  | Base Rate Fee First ( | Group | \$             | 0.00 | Base Rate Fee Sec  | ond Group | \$             | 0.00                                  |          |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CAL | CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN  |                       | THIRD | SUBSCRIBER GRO | )UP  |                    | FOURTH    | SUBSCRIBER GRO | UP                                    |          |
| tal DSEs 0.00  | Total DSEs  Otal DSEs   | COMMUNITY/ AREA       |       |                | 0    | COMMUNITY/ ARE     | Α         |                | 0                                     |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   | CALL SIGN             | DSE   | CALL SIGN      | DSE  | CALL SIGN          | DSE       | CALL SIGN      | DSE                                   |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00  |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       | -              |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00  |                       |       | _              |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       | -              |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       | <u> </u>       |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                |                                       |          |
|  | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00   |                       |       |                |      |                    |           |                | , , , , , , , , , , , , , , , , , , , |          |
| ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00  | \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  | otal DSEs             |       |                | 0.00 | Total DSEs         |           |                | 0.00                                  |          |
|  |   | Gross Receipts Third  | Group | \$             | 0.00 | Gross Receipts Fou | rth Group | \$             | 0.00                                  |          |
| ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  | Rase Rate Fee: Add the hase rate fees for each subscriber group as shown in the hoves above   | Base Rate Fee Third   | Group | \$             | 0.00 | Base Rate Fee Fou  | rth Group | \$             | 0.00                                  |          |

| Computation of Base Rate Fee Second Group \$ 0.00  THIRD SUBSCRIBER GROUP  TITIY AREA  O  CALL SIGN  DSE  O.00  Base Rate Fee Second Group  FOURTH SUBSCRIBER GROUP  TITY AREA  O  COMMUNITY AREA  O  COMMUNITY AREA  O  COMMUNITY AREA  DSE  CALL SIGN  DSE  C   |                             | 00:::    |                   |      | TE EEE              |           | IDED CT C''-                                     |      |           |
|---|-----------------------------|----------|-------------------|------|---------------------|-----------|--|------|-----------|
| Try   AREA  | BL                          |          |                   |      | TE FEES FOR EAC     |           |  | UP   |           |
| of DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate and Syndical Exclusive Surchara for Portail Distan Station   Stat  | COMMUNITY/ AREA             |          | 3221.4321.01.00   |      | COMMUNITY/ AREA     |           |  |      | 9         |
| Base Rate and Syndicate Exclusive Surchar for Partial Distan Station  See 10.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00  THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP  ITY/ AREA 0 COMMUNITY/ AREA 0  GN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  S 0.00 Total DSEs 0.00 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE D.00 DSE CALL SIGN DSE D.00 DSE CALL SIGN DSE D.00 DSE  | CALL SIGN DSF CALL SIGN DSI |          |                   |      |                     |           |  |      | Computat  |
| and Syndical Exclusion Surchar for Partial Distant Station  Third Subscriber Group  Third Subscriber Group  Total DSE  COMMUNITY/AREA  O  COMMUNIT  | CALL SIGN                   | DSE      | CALL SIGN         | DSE  | CALL SIGN           | DSE       | CALL SIGN  | DSE  |           |
| Syndicate Exclusion  Surchary  Total DSEs  O.00  Fee First Group  THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  TOURTH   |                             |          |                   |      |                     |           |  |      |           |
| Exclusive Surcharge for Partially Distant Station  Selepts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Re |                             |          |                   |      |                     |           |  |      |           |
| Surcharg for Partially Distant Stations  Same Surcharg for Surcharg for Stations  Same Surcharg for Surcharg for Stations  Same Stations  Same Surcharg for Surcharg for Stations  Same Stations  Same Surcharg for Surcharg Surcharg Stations  Same Stations  Same Surcharg for Surcharg Surcharg Surcharg Stations  Same Surcharg for Surcharg Surcharg Surcharg Stations  Same Surcharg for Surcharg Surcharg Surcharg Surcharg Stations  Same Surcharg for Surcharg Surcharg Surcharg Surcharg Stations  Same Surcharg for Surcharg Surcharge  |                             |          |                   |      |                     |           |  |      |           |
| Partially Distant Stations  S   |                             |          | _                 |      |                     |           |  |      |           |
| Distant Stations  S   |                             |          |                   |      |                     |           |  |      | for       |
| Stations  Statio  |                             |          |                   |      |                     |           |  |      | Partially |
| S O.00 Total DSES O.00 Spreak Second Group SO.00 Spreak Second Group Spreak Second Group Spreak Second Group Spreak Second Group Spreak Spreak Spreak Second Group Spreak Spre  |                             |          |                   |      |                     |           |  |      |           |
| Sepits First Group  Pree First Group  THIRD SUBSCRIBER GROUP  TOMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG  |                             |          |                   |      |                     |           | <del>                                     </del> |      | Stations  |
| Sepits First Group  Pree First Group  THIRD SUBSCRIBER GROUP  TOMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG  |                             |          |                   |      |                     |           |  |      |           |
| Sepits First Group  Pree First Group  THIRD SUBSCRIBER GROUP  TOMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIG  |                             |          |                   |      |                     |           |  |      |           |
| Sepits First Group  Pee First Group  Base Rate Fee Second Group  THIRD SUBSCRIBER GROUP  TOMMUNITY/ AREA  O  COMMUNITY/ AREA  O  Gross Receipts Second Group  FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  GROUP  CALL SIGN  DSE  CALL SIGN  D  |                             |          |                   |      |                     |           |  |      |           |
| Sepits First Group  Pee First Group  Base Rate Fee Second Group  THIRD SUBSCRIBER GROUP  TOMMUNITY/ AREA  O  COMMUNITY/ AREA  O  Gross Receipts Second Group  FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  GROUP  CALL SIGN  DSE  CALL SIGN  D  |                             |          | •                 |      |                     |           |  |      |           |
| Sepits First Group  Pee First Group  Base Rate Fee Second Group  THIRD SUBSCRIBER GROUP  TOMMUNITY/ AREA  O  COMMUNITY/ AREA  O  Gross Receipts Second Group  FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  GROUP  CALL SIGN  DSE  CALL SIGN  D  |                             | ļ        |                   |      |                     |           |  |      |           |
| THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  TOMMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL S  | otal DSEs                   |          |                   | 0.00 | Total DSEs          |           |  | 0.00 |           |
| THIRD SUBSCRIBER GROUP  ITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN DSE CALL SIGN DSE  CALL SI  | Fross Receipts First Gr     | oup      | \$                | 0.00 | Gross Receipts Sec  | ond Group | \$   | 0.00 |           |
| THIRD SUBSCRIBER GROUP  ITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN DSE CALL SIGN DSE  CALL SI  |                             |          |                   |      |                     |           |  |      |           |
| GN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN   | ase Rate Fee First Gr       | oup      | \$                | 0.00 | Base Rate Fee Seco  | ond Group | \$   | 0.00 |           |
| GN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL  |                             | THIRD    | SUBSCRIBER GROU   | JP   |                     | FOURTH    | I SUBSCRIBER GRO                                 | UP   |           |
| GN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  | OMMUNITY/ AREA              | 11111112 | 00000111001101101 |      | COMMUNITY/ AREA     |           | - COBCONIBEN ONC                                 | _    |           |
| s 0.00  |                             |          |                   |      |                     |           |  |      |           |
|   | CALL SIGN                   | DSE      | CALL SIGN         | DSE  | CALL SIGN           | DSE       | CALL SIGN  | DSE  |           |
|   |                             |          |                   |      |                     |           |  |      |           |
|   |                             |          | =                 |      |                     |           |  |      |           |
|   |                             |          | -                 |      |                     |           |  |      |           |
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|   |                             |          |                   |      |                     |           |  |      |           |
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|   |                             |          |                   |      |                     |           |  |      |           |
|   |                             |          |                   |      |                     |           |  |      |           |
|   |                             |          |                   |      |                     |           |  |      |           |
|   | otal DSEs                   |          |                   | 0.00 | Total DSEs          |           |  | 0.00 |           |
| Gloss Neceipts Fourth Gloup 4 0.00  | cross Pacaints Third G      | roup     | ¢                 |      | Gross Pacaints Four | th Group  | ¢  |      |           |
|   | ross Noocipis IIIII G       | ioup     | Ψ                 | 3.00 | Toos Necelbis Foul  | ar Group  | Ψ  | 0.00 |           |
|   |                             |          |                   |      |                     |           |  |      |           |
| Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  |                             | roup     | \$                | 0.00 | Base Rate Fee Four  | th Group  | \$   | 0.00 |           |
| · ·   | se Rate Fee Third G         |          |                   |      |                     |           |  |      |           |

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CEQUEL COMMUNICATIONS LLC 030995 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 . . . . . . . . . . . . . . . . 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 . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown