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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8-29-19	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOU	NTING PERIOD COVERE	D BY THIS STATEMENT:							
Accounting	201	9/1								
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 submit a single statement of account and royalty fee payment covering the entire accounting perioa Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CNMI Cablevision LLC									
		COMO PACIFIC								
		JOING I AGII 10				0750000404				
						375902019/1				
						37590 2019/1				
	890	S. Marine Corps Drive								
	Tam	uning, Guam 96913								
С	INSTRUC	CTIONS: In line 1, give any bu	usiness or trade names used to	identify the busines	ss and operation of the syst	em unless these				
C	names alr	ready appear in space B. In li	ne 2, give the mailing address of	of the system, if diff	erent from the address give	n in space B.				
System	1 IDENTI	IFICATION OF CABLE SYSTEM:								
	MAILIN	NG ADDRESS OF CABLE SYSTEM	:							
	2 (Numbe	er, street, rural route, apartment, or suite n	umber)							
	(City to	wn, state, zip code)								
_	1 1									
D			structions, see page 1b. Identif	y only the frst comr	nunity served below and rel	ist on page 1b				
Area Served		ommunities.		07.75						
	SIT ON TOWN									
First Community	Susi	-		MP						
			nunities if you report multiple ch			CUD CDD#				
	Alda	OR TOWN (SAMPLE)		STATE	CH LINE UP A	SUB GRP#				
Sample	Alliance			MD	В	2				
	Gering			MD	В	3				

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

TORINI SAJE. PAGE 10.			OVOTEN ID#								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
CNMI Cablevision LLC			37590								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.											
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.											
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).											
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.											
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]							
Susupe	MP	Α		First							
				Community							
				See instructions for							
				additional information on alphabetization.							
				on alphabetization.							
				Add rows as necessary.							
				Add Tows as fiecessary.							
			•								

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CNMI Cablevision LLC

SYSTEM ID#

37590

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.

BLG	OCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:				П			
 Service to first set 	923	\$	95.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	668	\$	15.79				
Commercial							
Converter							
Residential							
Non-residential							
		Y		1 I			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 17.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$ 38.20	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$ 38.20		
Converter		Disconnect			
		Outlet relocation	\$ 38.20		
		Move to new address	\$ 38.20		

LEGAL NAME OF OWN					0\/0.7514.15./					
CNMI Cablevis		YSTEM:			SYSTEM ID# 37590	Name				
PRIMARY TRANSMITT	ERS: TELEVISION	ON								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast), "I' (for independent). "I-M" (for in										
FCC. For Mexican or (Note: If you are utilizing		. ,		•						
,		CHANN	EL LINE-UP	AA	<u>'</u>	-				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER									
KGTF		STATION	, ,	CARRIAGE (If Distant)	6. LOCATION OF STATION					
KUAM	12 8	STATION E N	, ,		6. LOCATION OF STATION Agana, Guam Agana, Guam					
KUAM KEQI-LP	•	E	Yes	(If Distant)	Agana, Guam					
	8	E	Yes Yes	(If Distant) 0 0	Agana, Guam Agana, Guam	additional information				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 37590 **CNMI Cablevision 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). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/
LEGAL NAME OF OWNER OF CNMI Cablevision LLC		ГЕМ:				SYSTEM ID# 37590	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	i			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizati	ons. For a further	Substitute
1. SPECIAL STATEMENDuring the accounting per broadcast by a distant sta	iod, did you			s, any nonnet	twork television pro		Carriage: Special Statement and
Note: If your answer is "No log in block 2.	", leave the		ge blank. If your answer is	"Yes," you mu	·		Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the state addeast station and day ove "5/7." es when the Example: a er "R" if the and regulation or gramming	am on a separa attach addition nnetwork televion and that your authorization t use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your syste a substitute pro a program carri	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ed by a system from 6:01: was substituted for programing the accounting period	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 lett	during the account ramming of another ns located in the partiest specific programsed by the FCC of tiffied). The partiest specific programsed by the FCC of tiffied). The partiest specific programsed by the FCC of tiffied). The partiest specific programsed by the FCC of tiffied programsed by the FCC of tiffied programsed by the first specific programsed by the partiest programsed by the FCC of tiffied programsed by the FCC of tiffie	ing r station aper am r, in month urately e quired	
5	SUBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES	FOR DELETION TO	
					_		
					_		
							

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CNMI Cablevision LLC

SYSTEM ID#

37590

J

Part-Time Carriage Log

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."

		DATES	AND HOURS (OF PART-TIME CAR	RRIAGE		
CALL SIGN -	WHEN	CARRIAGE OCCU		CALL SIGN	WHEN	CARRIAGE OC	
			HOURS FROM TO		DATE	FROM	OURS TO
N/A							_
		_					_
		_					_
		_					_
							_
		 -					
		<u> </u>					
							
							_
							_
		_					_
		_					_
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		_					_
							_
		<u> </u>					

LEGA	L NAME OF OWNER OF CABLE SYSTEM: MI Cablevision LLC			SYSTEM ID# 37590	Name			
GRO Inst all a	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary	transmissi	he total of on service	K Gross Receipts			
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount of g	492,793.00 ross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e ente	red on line	1 of				
3 be								
2 in	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K							
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	\$		5,243.32				
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period yes—Complete the DSE schedule. No—Leave block 3 below blank and continued the properties of t	mn 4, y iod?	ou must ch	neck				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	6,970.56				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00				
	Line 3. Add lines 1 and 2 and enter here	\$		6,970.56				
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		\$	6,970.56	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r		0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	Line 4. FILING FEE		\$	725.00	the Licensing 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	\$		7,695.56	form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of th	е				

Namo	LEGAL NAME OF OWNER O	F CABLE S	YSTEM:	SYSTEM ID#							
Name	CNMI Cablevision	LLC		37590							
	CHANNELS										
M	Instructions: You mu	ust give	(1) the number of channels on which the cable system carried television broadcast	st stations							
	to its subscribers and	d (2) the	cable system's total number of activated channels, during the accounting period.								
Channels	4 Fatantha tatal avera		and the same of th								
			nannels on which the cable badcast stations	5							
	oyotom camed tolor	VIOIOII DI	addat diditorio								
	2. Enter the total num	nber of a	ctivated channels								
	on which the cable	system (arried television broadcast stations	57							
	and nonbroadcast s	services									
N Individual to											
Be Contacted for Further	Name Sean M i	iles	Telephone	+1 671 688 2355							
Information			тенрионе								
	Address 890 S. N	Marine	Corps Drive oute, apartment, or suite number)								
	(Number, stre	eet, rural r	oute, apartment, or suite number)								
	Tamuni (City, town, s	ing, Gι	ıam 96913								
	Email	smiles	@docomopacific.com Fax (optional)								
	CERTIFICATION (This	s statem	ent of account must be certifed and signed in accordance with Copyright Office re	gulations.							
0											
Certifcation	• I, the undersigned, he	ereby cer	tify that (Check one, but only one, of the boxes.)								
	(Owner other than	cornor	ition or partnership) I am the owner of the cable system as identifed in line 1 of space	se Ri or							
	(Owner carer area.	, co.po.	and the parametering, that the entire of the easier eyelent as the finder in the eyele	5, 61							
	(Agent of owner of	ther tha	n corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified							
	in line 1 of space	ce B and	that the owner is not a corporation or partnership; or								
	X (Officer or partne	er) I am a	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system							
	in line 1 of space	ce B.									
	I have examined the s	statemer	t of account and hereby declare under penalty of law that all statements of fact contain	ned herein							
	are true, complete, and [18 U.S.C., Section 10		to the best of my knowledge, information, and belief, and are made in good faith.								
	[10 0.0.0., 000.0	,,,,,,,,	1								
		X	/s/ James W. Hofman, II								
	•	Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.								
		(e.g., /s/	John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lott								
		Typed o	or printed name: /s/ James W. Hofman, II								
		Title:	Chief Legal Officer								
		iiuc.	(Title of official position held in corporation or partnership)								
		Date:	27 Aug. 2019								

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ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#						
ı	CNMI Cablevision LLC					37590						
	SUM OF DSEs OF CATEGOR	RY "O" STATION	S:									
	 Add the DSEs of each station 											
	Enter the sum here and in line	1 of part 5 of this	schedule.		1.50							
_	Instructions:											
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0": for each network or noncom-											
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."											
Category "O"	mercial educational station, gr	ve the DSE as .2	OATEGORY "O" STATION	IQ: DQEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Stations	KGTF	0.250	OALL SIGIV	DOL	OALL SIGN	DOL						
	KUAM	0.250										
	KEQI-LP	1.000										
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												

Name	CNMI Cable	OWNER OF CABLE SYSTEM: vision LLC					\$	37590
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista 2: For each station, give the correspond with the inform 3: For each station, give the control of the figure in column at least to the third decire of the control of the column at least to the state of the column at least to the third decire of the column at least to the third decire of the column at least to the state of the column at least the	he number of h mation given in he total numbe imn 2 by the fig nal point. This station, give the lumn 4 by the f	nours your cable system space J. Calculate or or of hours that the statement of the column 3, and the space of the space of the captain of th	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the For each netwo	ation during the account each station. ver the air during the act decimals in column 4. station. ork or noncommercial et in column 6. Round to	ccounting period. This figure must ducational station,	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE	R JRS ED BY		4. BASIS O	F 5. TYP		SE
			÷			x	=	
			÷		=	x		
			÷		=	x		
					=		=	
	Add the DSEs	of each station.		nedule,	▶	0.0	00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferond to space I). Column 2: at your option. Column 3: Column 4:	I by your system in substact on October 19, 1976 (one or more live, nonnetwood of the This figure should correst of the number of days bride the figure in column of the Station's DSE	itution for a pro as shown by the ork programs do number of live spond with the is in the calenda in 2 by the figu (For more infor	ogram that your system le letter "P" in column uring that optional carries, nonnetwork program information in space I. ar year: 365, except in re in column 3, and girmation on rounding, s	was permitted 7 of space I); an iage (as shown by s carried in substance a leap year. We the result in cee page (viii) of	to delete under FCC rud d the word "Yes" in colun stitution for programs the	nn 2 of nat were deleted less than the third	orm).
	1. CALL SIGN	2. NUMBER OF PROGRAMS	OF DAY	S	1. CALL SIGN	OF	OF DAYS	4. DSE
		÷	the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper CATEGORY LAC STATIONS: COMPUTATION OF DSES 2. NUMBER OF HOURS OF HOURS CARRIAGE STATION OF HOURS CARRIAGE VALUE STATION ON AIR 2. NUMBER OF HOURS OF HOURS STATION ON AIR 3. NUMBER OF HOURS CARRIAGE VALUE VALUE VALUE VALUE SYSTEM ON AIR 4. BASIS OF CARRIAGE VALUE VALUE VALUE ON AIR STATION OF DISC. 5. TYPE OF WALUE VALUE ON AIR STATIONS: 4. THE STATIONS: 5. TYPE OF AUGUST OF THE STATION OF					
		:		=			÷	=
		÷		=			÷	=
		÷		=			÷	=
	Add the DSEs	of each station.				0.0	00	-
5 Total Number of DSEs	number of DSE: 1. Number o 2. Number o	s applicable to your systen f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedul	e and add them to provi	1.50 0.00	1.50
							_ 	

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

	OWNER OF CABLE	SYSTEM:					S	YSTEM ID#	Name
CNMI Cablevi	sion LLC							37590	
Instructions: Blo In block A:	ck A must be com	pleted.							
 If your answer if schedule. 	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete	part 8, (page 16) of	f the	6
	"No," complete blo			FEL EV ((0.101) 14	ADVETO				Computation of
Is the cable syste	m located wholly o			TELEVISION M		section 76.5 c	of FCC rules and re	gulations in	3.75 Fee
effect on June 24	, 1981?		•					galations in	
	nplete part 8 of the		DO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND	7		
X NO—Colli	plete blocks B and								
0.11				IAGE OF PERI					
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Juedule. (Note: T	ne 25, 1981. For for the letter M below r	urther explana	ation of perm	ystem was permitte itted stations, see t ast stream as set fo	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ıles and regu ed pursuant	llations cited b to the FCC ma	esis on which you on elow pertain to though elow pertain to though rket quota rules [7 6.59(d)(1), 76.61(ose in effect o 76.57, 76.59(b	n June 24, 19 o), 76.61(b)(c), 76.63(a) referrinç	g tc	
	D Grandfathered instructions for E Carried pursuate A station pre	d station (76. or DSE scheo ant to individ viously carrie	65) (see parag dule). ual waiver of F ed on a part-tir	ne or substitute ba	bstitution of g	grandfathered	I stations in th€		
	G Commercial L M Retransmission				(5), 76.61(e)(5), 76.63(a) r	eferring to 76.61(e))(5)	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	SLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.00	375	Do any of the DSEs represent partially
Line 5: Multiply	line 4 by 0.0375	and enter s	um here						partially permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 aı	nd enter hei	re and on line	2, block 3, spac	e L (page 7))		0.00	o mon delions.

Name	CNMI Cablevisi		E SYSTEM:						S	37590			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.												
		PERMITT	ED DSE FOR STA	TIONS CARRI	ΕD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS					
	1. CALL SIGN	2. PRIO		COUNTING ERIOD		4. BASIS OF CARRIAGE			6. P	ERMITTED DSE			
l													
					••••						•••		
					••••						•••		
											•		
7 Computation of the	,	"Yes," comple	ete blocks B and C	,	pa	art 8 of the DSE sched	ule.						
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET						
Exclusivity				regulations, or authorizations. For further explanation, see page (vi) of the form. accounting period as computed in parts 2, 3, and 4 of this schedule ins 2 and 5 and list the smaller of the two figures here. This figure should be entered tition. 2, 3, and 4 must be accurate and is subject to verification from the designated in the subject to verification from the designated in the subject to verification from the designated in the verification from the verificat									
Surcharge	l <u> </u>	•		or television mar	ke			rules in effect J	une 24,	1981?			
	Yes—Complete	blocks B and	I C .			X No—Proceed to	part 8				TED		
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of								pt DSEs	3	_		
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place:				nity served by the cable system prior to March 31, 1972? (refe							
	Yes—List each s No—Enter zero a												
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE			
				·			 						
							 						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CNMI Cablevision LLC 37590	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	_ 7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	
	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.	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section.1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge.	
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
3b		
	A. Enter 0.00599 of gross receipts (the amount in section 1)	_
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	_
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	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	
		<u></u>
	SECTION 4: SECOND 50 TELEVISION MARKET	
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE 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)	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

	LEGAL NAM	IE OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	CNMI Cablevision LLC 3								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.							
		F. Multiply line D by line E and enter here ▶ \$							
		G. Add lines A, C, and F. This is your surcharge.							
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$ \$							
		Syllabatic Exclusivity Salolial golden							
8 Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	uset complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		X Yes—Complete part 9 of this schedule.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section	BEGGIVE. NOT ANTIALET BIOTANT GTATIONO—GOMI GTATION OF BAGE NATE LE							
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section								
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts (the amount in section 1)							
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7) Base Rate Fee							
		Base Rate Fee							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

	AME OF OWNER OF CABLE SYSTEM: Cablevision LLC 3	M ID# 87590 Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	8
	B. Enter 0.00701 of gross receipts (the amount in section 1)	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶	
	F. Multiply line D by line E and enter here >	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals I be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups G.	
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclust from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage on, you must:	of this of
		Base Rate Fee and
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the numb and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	per of Syndicated
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for Porticity
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. How cable system is wholly located outside all major television markets, complete block A only.	wever, Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, ne token, the station is distant to the subscriber.)	, by
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	•
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's sub. a section:	oscriber
	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.	
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2,	3,
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction appear SA3 form.	ns
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the to for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	total

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 37590 **CNMI Cablevision 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.

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID#	Name
CNMI Cablevisio	n LLC						37590	
				TE FEES FOR EAC				
		SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	_
	T 505 T		T 505			П оли огол		Computation
CALL SIGN KGTF	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KUAM	0.25 0.25		<u>.</u>					Base Rate Fe
KEQI-LP	1.00	-						and
NEQI-LF	1.00							Syndicated Exclusivity
			†					Surcharge
			+					for
			†				••••	Partially
			***************************************					Distant
								Stations
			4					
			<u></u>					
			<u> </u>					
Total DSEs			1.50	Total DSEs			0.00	
Gross Receipts First	Group	\$ 492	,793.00	Gross Receipts Sec	ond Group	\$	0.00	
	·				·			
Basa Bata Faa First (0		070 56	Basa Bata Fan Can	and Craun		0.00	
Base Rate Fee First (Group	\$ 6	,970.56	Base Rate Fee Sec	ona Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			.					
		-	4					
	<u></u>	-	-					
			+					
	••••		+					
			+					
			†					

Total DSEs			0.00	Total DSEs			0.00	
	Croup	•	0.00		urth Croup	•	0.00	
Gross Receipts Third	Group	Φ	0.00	Gross Receipts Fou	нит Стоир	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
			_ _					
			riber group	as shown in the boxe	s above.		0.070.70	
Enter here and in bloo	ck 3, line 1, s	space L (page 7)				\$	6,970.56	