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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2019/1								
Period									
B Owner	rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owne a single statement of account and royalty fee payment covering the entire account	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							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Guam Cablevision, LLC								
	DOCOMO PACIFIC								
				380102019/1					
				38010 2019/1					
	890 S. Marine Corps Drive								
	Tamuning, Guam 96913								
	INSTRUCTIONS: 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	names already appear in space B. In line 2, give the mailing address of								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	(Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Tumon	Guam							
Community	Below is a sample for reporting communities if you report multiple cha			T					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alliance	MD MD	A B	1 2					
	Gering	MD	В	3					
	g		_						

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.

-ORM SA3E. PAGE 1b.			A. (A. E.					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Guam Cablevision, LLC			38010					
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., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. İ	f you report any st	ations					
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
Tumon	Guam			First				
	Judiii			Community				
				Community				
				See instructions for				
				additional information				
				on alphabetization.				
				Add rows as necessary.				


Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Guam Cablevision, LLC

38010

## 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.

S RATE
S RAIE

## F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
<ul> <li>Pay cable</li> </ul>	\$ 14.96	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		Pay cable		
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
First set	\$ 49.99	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>		Other services:		
• FM radio (if separate rate)		Reconnect	\$ 45.99	
Converter		Disconnect		
		Outlet relocation	\$ 49.99	
		Move to new address	\$ 19.99	

FORM SA3E. PAGE 3.					CVCTEMID	4
LEGAL NAME OF OWN		YSTEM:			SYSTEM ID: 3801(	Name
<b>L</b>					30010	,
carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76. Substitute program has <b>Substitute Basis S</b> basis under specific FC • Do not list the station station was carried of • List the station here, a basis. For further infining the paper SA3 for <b>Column 1:</b> List each multicast stream a cast stream as "WETA-WETA-simulcast). <b>Column 2:</b> Give the its community of license	RS: TELEVISION IN INC.	y television st he accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta erning substir sign. Do not it h a station ac streams must ber the FCC h	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations iorizations: t it in space I (the ation was carried tute basis station report origination cording to its over the reported in ones assigned to	(1) stations carried e carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statement of the statement of	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the fitute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried the carried the distant static For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	in each case wentering the least), "E" (for noise terms, see littion is outside the area, see prive entered "You entered "You entered adjusted to a partition on of a distant entered into oprimary transimulcasts, also ree categories location of ea anadian statio	whether the siletter "N" (for noncommercial page (v) of the the local senage (v) of the es" in column on during the me basis becar multicast stranor before Jumitter or an appendix of enter "E". If , see page (vich station. Foons, if any, giv	etwork), "N-M" (I educational), ce general instructivice area, (i.e. "ogeneral instruct 4, you must coraccounting perioduse of lack of a eam that is not sure 30, 2009, be ssociation repreyou carried the of the general or U.S. stations, e the name of the	for network multion "E-M" (for noncontions located in the distant"), enter "Yions located in the place column 5, and. Indicate by enterivated channel subject to a royalty senting the prima channel on any of instructions located list the community with the comm	es". If not, enter "No". For an exee paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing any transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is identifed.	
		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KUAM	8	N	No		Agana, Guam	
KUAM-DT2	20	N	No		Agana, Guam	See instructions for
KGTF	12	Е	No		Agana, Guam	additional information
KTGM	14	N	No		Tamuning, Guam	on alphabetization.
KEQI-LP	22	I	No		Dededo, Guam	
KTKB-LD	29	I	No		Tamuning, Guam	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 38010 **Guam 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: 2019/1		
LEGAL NAME OF OWNER OF		EM:				S	YSTEM ID#	Name		
Guam Cablevision, LL	<u> </u>						38010			
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG							
In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or autho	rizations. F	or a further	Substitute		
1. SPECIAL STATEMENT								Carriage: Special		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
log in block 2.  2. LOG OF SUBSTITUTE	PROGRA	MS								
In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their m	eaning is				
clear. If you need more spa			al pages. ision program (substitute p	roaram) that	during the acc	ounting				
period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of an	other stati	on			
under certain FCC rules, re SA3 form for futher informa										
titles, for example, "I Love L				Dasketball.	List specific p	rogram				
Column 2: If the program	n was broad	lcast live, ente	r "Yes." Otherwise enter "N							
			isting the substitute prograi ne community to which the		nsed by the FC	CC or. in				
the case of Mexican or Can	adian static	ns, if any, the	community with which the	station is iden	ntified).					
first. Example: for May 7 give		when your sys	tem carried the substitute p	rogram. Use	numerals, with	n the mont	h			
Column 6: State the time	es when the		gram was carried by your o				,			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	ı program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. shou	ıld be				
Column 7: Enter the lette			was substituted for progra							
to delete under FCC rules a gram was substituted for pr										
effect on October 19, 1976.		iliai youl sysie	em was permitted to delete	under FCC II	ules and regul	3110115 111				
				\A/I.IE	N OUDOTITU	TE				
S	SUBSTITUT	E PROGRAM	1		EN SUBSTITU IAGE OCCUR		7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM		FOR DELETION			
	100 01 110	OFFICE OFFICE	i. Onther Coortier	THE BITT						
	<b></b>									
	<del> </del>									
					<u> </u>					
					_					
					_					
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					_					

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Guam Cablevision, LLC

38010

# 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
- 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 -	CALL SIGN WHEN	CARRIAGE OCCU		CALL SIGN	WHEN	CARRIAGE OC	
	DATE	HOUF FROM	rs TO		DATE	FROM	OURS TO
N/A							_
		_					_
		_					_
		_					_
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		<del></del> -					
		<u> </u>					
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		<u> </u>					

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Gua	am Cablevision, LLC			38010	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)										
during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  \$ 1,275,669.12 (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.										
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ${\bf k}$ 3 below.	e ente	ered on li	ne 1 of						
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entere	ed on line	e 2 in block						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	e entered	I on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.			cent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	1,275,669.12						
	Enter the result here. This is your minimum fee.	\$		13,573.12						
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 complete the DSE schedule.	nn 4, od?	you mus	t check						
Block 3	Line 1. <b>BASE RATE FEE:</b> 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		\$							
	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	\$		-						
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		\$	13,573.12	Cable systems					
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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	r		0.00	submitting additional					
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		14,298.12	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See p	page (i) o	f the						

Name	LEGAL NAME OF OW	NER OF CABLE S	SYSTEM:	SYSTEM ID#						
Name	Guam Cablevi	sion, LLC		38010						
<b>M</b> Channels	to its subscribers  1. Enter the tota	s and (2) the	(1) the number of channels on which the cable system carried television broadcast stations cable system's total number of activated channels, during the accounting period.  Channels on which the cable oadcast stations							
	on which the c	able system	activated channels carried television broadcast stations 110							
N Individual to Be Contacted										
for Further	Name <b>Sea</b>	n Miles	Telephone <b>+1 671 688 2</b>	355						
Information	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number)									
		uning, Go	uam 96913							
	Email		s@docomopacific.com Fax (optional)							
0	CERTIFICATION	(This statem	ent of account must be certifed and signed in accordance with Copyright Office regulations.							
Certifcation	• I, the undersigned	ed, hereby ce	rtify that (Check one, but only one, of the boxes.)							
	(Owner other	than corpor	ation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or							
			<b>n corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system as identificant that the owner is not a corporation or partnership; or	fied						
	(Officer or pa	•	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable	system						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]									
		X	/s/ James W. Hofman, II							
		(e.g., /s/	n electronic signature on the line above using an "/s/" signature to certify this statement.  John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and pre ton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setti							
		Typed	or printed name: /s/ James W. Hofman, II							
		Title:	Chief Legal Officer (Title of official position held in corporation or partnership)							
		Date:	28 Aug. 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Guam Cablevision, LLC	38010	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by acclowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system fo service of providing secondary transmissions of primary broadcast transmitters, the system shall n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners?  X NO	the basic of include sub- ection 119."	Special Statement Concerning Gross Receipts Exclusion
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 upon an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<b>-</b> days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	rest 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 ass contact the Licensing Division at (202) 707-8150 or licensing@loc.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 please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner Address		
First community served Accounting period ID number		

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

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

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 38010	Name
Instructions: Bloc		pleted.							
In block A:			part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
<ul> <li>• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.</li> <li>• If your answer if "No," complete blocks B and C below.</li> </ul>									
BLOCK A: TELEVISION MARKETS								Computation of 3.75 Fee	
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?  Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7								3.75 Fee	
X No—Complete blocks B and C below.									
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station  BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to CARRIAGE 76.61(b)(c)]									
	B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instruction for DSE schedule).								
E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 198' G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.									
Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.  *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)									
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				<u>-</u>	
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.  (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)  0.00									
Line 4: Enter gross receipts from space K (page 7)  x 0.0375						Do any of the DSEs represent partially			
Line 5: Multiply line 4 by 0.0375 and enter sum here								permited/ partially nonpermitted	
Line 6: Enter total number of DSEs from line 3									carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

Name	LEGAL NAME OF OWN		SYSTEM:						S	YSTEM ID#	
	Guam Cablevis	ion, LLC								38010	)
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters										
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
	2. PRI		COUNTING		4. BASIS OF	6. P	6. PERMITTED				
	SIGN	DSE	P	ERIOD		CARRIAGE	[	OSE		DSE	
					••••						
											•••
					••••						
											•••
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.										
Syndicated			BLOC	K A: MAJOR	H	ELEVISION MARK	<u>EI</u>				
Exclusivity Surcharge	• Is any portion of the o	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
<b>3</b> .	Yes—Complete	•				X No—Proceed to			,		
					_						
	BLOCK B: Ca	arriage of VHI	F/Grade B Contou	Stations		BLOCK C: Computation of Exempt DSEs					
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.  Was any station listed in block B of part 7 carnity served by the cable system prior to March to former FCC rule 76.159)  Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.										
									ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-				<b> </b>				
			-				<b> </b>				
			TOTAL 5.33	0.00				TOT:: 5	.E.	0.00	
			TOTAL DSEs	0.00				TOTAL DS	ES	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Guam Cablevision, LLC	SYSTEM ID# 38010	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,275,669.12	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  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 3b blank. NOTE: If the D 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		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		
	Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.  \$\$\$\$		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D 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#							
	(	Guam Cablevision, LLC	38010							
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		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Exclusivity 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	<u></u> .							
8 Computation of Base Rate Fee	<ul> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below</li> </ul>									
		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) ▶ \$ 1,275,669	.12_							
	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.)	0.00							
	Section 3	If the figure in section 2 is <b>4.000</b> 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) ▶ \$	<u>-</u>							
		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	<u>-</u>							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee	<u></u> .							