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.

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					
	\$					
0.04.00	ALLOCATION NUMBER					
8-24-20						

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2020/01								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate 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 period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 32961								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM GCI Cable Inc.								
	2550 Denali Street, Ste. 1000 Anchorage, AK 99503-2751			32961 2020/01					
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•							
System	1 IDENTIFICATION OF CABLE SYSTEM: GCI Cable, Inc Anchorage								
	MAILING ADDRESS OF CABLE SYSTEM: 2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or suite number) Anchorage, AK 99503 (City, town, state, zip code)								
D Area	Instructions: For complete space D instructions, see page 1b. Identify with all communities.	y only the frst com	nmunity served below and i	relist on page 1b					
Served	CITY OR TOWN	STATE							
First	Anchorage	AK							
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB G								
Sample	Alda	MD	Α	1					
•	Alliance	MD	В	2					
	Gering	MD	В	3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this 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 Office'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.

FORM SA3E. PAGE 1b.			ACCOUNT	10 PERIOD. 2020/01						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
GCI Cable Inc.			32961							
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-commuchannel 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	l a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
Anchorage	AK			First						
				Community						
		•								
				See instructions for						
				additional information on alphabetization.						
				Add rows as necessary.						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

GCI Cable Inc.

SYSTEM ID#
32961

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS	F	RATE
Residential:							
 Service to first set 	29,508	\$	35.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	97	\$	399.37	Bulk	341	\$	528.25
Commercial	911	\$	35.00				
Converter							
 Residential 							
 Non-residential 						1	
		†···				†···	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE		RATE
Continuing Services:			Installation: Non-residential					
 Pay cable 	\$	20.11	Motel, hotel			Digital Converter	\$	5.99
 Pay cable—add'l channel 			Commercial			Tier 2		\$41.21
 Fire protection 			• Pay cable			Digital Tiers	\$	9.62
Burglar protection			 Pay cable-add'l channel 			HD Tier		\$9.99
Installation: Residential			Fire protection			DVR Tuner	\$	14.99
First set	\$	25.50	Burglar protection					
Additional set(s)	\$	15.50	Other services:					
 FM radio (if separate rate) 			Reconnect	\$	20.00			
 Converter 			Disconnect					
			Outlet relocation	\$	20.00			
			Move to new address					
				h			1	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 32961 GCI Cable Inc. 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 [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 **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** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) KTUU 2.1 Anchorage, AK Ν No KTUU-2 2.2 N-M No Anchorage, AK See instructions for **KTBY** additional information 4.1 I No Anchorage, AK on alphabetization. **KYES** 5.1 ı No Anchorage, AK KYES-2 5.2 I-M No Anchorage, AK 7.1 **KAKM** Ε No Anchorage, AK KAKM-2 7.2 E-M No Anchorage, AK KAKM-4 7.4 E-M No Anchorage, AK KAKM-3 7.3 E-M No Anchorage, AK **KTVA** 11.1 Ν No Anchorage, AK **KYUR** Ν No 13.1 Anchorage, AK **KYUR-2** 13.2 N-M Anchorage, AK No **KCFT** Anchorage, AK 35.1 ı No KDMD-3 I-M Anchorage, AK 38.3 No Anchorage, AK KDMD-2 38.2 I-M No

ACCOUNTING PERIOD: 2020/01 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 32961 GCI Cable Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary 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** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/01

LEGAL NAME OF OWNER OF GCI Cable Inc.	CABLE SYST	EM:				S	YSTEM ID# 32961	Name
SUBSTITUTE CARRIAGE	E. CDECIA	I CTATEME	NT AND DDOOD AM LO	2				
In General: In space I, ident substitute basis during the acexplanation of the programm form.	ify every no	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	ılations, or author	rizations.	For a further	Substitute
1. SPECIAL STATEMENT	Γ CONCER	NING SUBST	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant stat	•	ır cable system	n carry, on a substitute bas	is, any nonne		progran Yes		Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	ust complete the	e prograi	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ice, please a of every no distant state gulations, contion. Do not be used to a distant station and the station and day we "5/7." The sample: a sa	attach addition nnetwork televion and that your authorization of use general as A Basketball: deast live, enterstation broadcaton's location (thous, if any, the when your system of a program carrolisted program ons in effect described and the station broadcaton's location (the when your system).	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your fied by a system from 6:01:	program) that and for the program that and for the program instruction. No." and station is lice station is ide program. Use cable system 15 p.m. to 6:2 amming that and; enter the less that and for the less that are the less th	ensed by the FContified). List the times a 28:30 p.m. shouleyour system was etter "P" if the list	ounting other stane paper rogram C or, in the more accurated be required ted pro	tion nth ly	
S	UBSTITUT	E PROGRAM	 I		EN SUBSTITUT		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES		FOR DELETION	
					_			
					_			
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					_			

ACCOUNTING PERIOD: 2020/01 FORM SA3E. PAGE 6. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name GCI Cable Inc. 32961 **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-J 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 **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 32961	Name
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you pay amounts (gross receipts) paid to your cable system by subscribers for the system's secondary traited in space E) during the accounting period. For a further explanation of how to compute ye (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ransmission service this amount, see	K Gross Receipts
IMP	during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	\$ 8,807,347.00 (Amount of gross receipts)	
InstruConIf you feetIf you accompany	YRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. It is system did not carry any distant television stations, leave block 3 blank. Enter the amount of from block 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable parts of the companying this form and attach the schedule to your statement of account.	ne DSE Schedule	Copyright Royalty Fee
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered ck 3 below.		
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on the control of the DSE schedule was completed, the amount from line 7 of block C should be entered on the control of the DSE schedule.		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be en block 4 below.	entered on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are recleast the minimum fee, regardless of whether they carried any distant stations. This fee is 1.06 system's gross receipts for the accounting period.	64 percent of the	
	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.	\$ 8,807,347.00	
	This is your minimum fee.	93,710.17	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the informal space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? 	u must check	
Block	Yes—Complete the DSE schedule. X No—Leave block 3 below blank and comple 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	\$ -	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 93,710.17	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, enter	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 appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	94,435.17	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See paggeneral instructions located in the paper SA3 form and the Excel instructions tab for many second contents.)		

ACCOUNTING PERIOD: 2020/01 FORM SA3E. PAGE 8.

Name		OWNER OF CABLE SY	/STEM:				SYSTEM					
Hame	GCI Cable Ir	nc.					329					
M Channels	to its subscrib	bers and (2) the co	cable system's	total number of a	ctivated channels, du	m carried television broadcas uring the accounting period.	19					
	system can	ned television bro	Jaucasi Stations	5								
	on which the	•	carried televisio	n broadcast station			. 383					
N Individual to												
Be Contacted for Further Information	her Name Cindy Hall Telephone 907-868-5615											
	***************************************	550 Denali St umber, street, rural ro										
		nchorage, Al	K 99503									
	Email		@gci.com			Fax (optional) 907-868	-9817					
0	CERTIFICATIO	ON (This stateme	ent of account r	nust be certifed a	nd signed in accorda	ance with Copyright Office req	gulations.)					
Certifcation	• I, the undersi	igned, hereby certi	tify that (Check o	one, but only one,	of the boxes.)							
	(Owner oth	her than corpora	tion or partners	ship) I am the own	er of the cable system	n as identifed in line 1 of space	B; or					
			-	r partnership) I ans s not a corporation		agent of the owner of the cable	system as identified					
		r partner) I am an 1 of space B.	n officer (if a cor	poration) or a partr	ner (if a partnership) of	f the legal entity identifed as ov	vner of the cable system					
	are true, comp		to the best of my	•		t all statements of fact containe d are made in good faith.	d herein					
		X	/s/ Duncan	Whitney								
		(e.g., /s/ 、	John Smith). Be	fore entering the fire	st forward slash of the /	■ ure to certify this statement. /s/ signature, place your cursor ir oid enabling Excel's Lotus comp	•					
		Typed o	or printed name	e: Duncan W	hitney							
		Title:		dent, Internet	and Video Production or partnership)	ducts						
		Date:	August 24, 20	20								

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 this 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: 2020/01

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#												
<u> </u>	GCI Cable Inc.					32961							
	Add the DSEs of each station Enter the sum here and in line	nter the sum here and in line 1 of part 5 of this schedule.											
2	of space G (page 3).	ne column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 pace G (page 3).											
Computation of DSEs for	In the column headed "DSE"	the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncomrcial educational station, give the DSE as ".25."											
Category "O"	CATEGORY "O" STATIONS: DSEs												
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
Add rows as													
necessary.													
Remember to copy													
all formula into new													
rows.													
)												
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												

,			= 111111111111111111111111111111111111

	LEGAL NAME OF O	WNER OF CABLE SYSTEM:					,	SYSTEM ID#				
Name	GCI Cable In	c.						32961				
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	et the call sign of all dista EFOT each station, give the correspond with the infor FOT each station, give the Divide the figure in colu at least to the third decires For each independent s	he number of hour mation given in sp he total number of arm 2 by the figure hal point. This is the station, give the "ty lumn 4 by the figur	s your cable syste ace J. Calculate o hours that the sta in column 3, and e "basis of carriag pe-value" as "1.0.	m carried the stanly one DSE for estion broadcast over give the result in ge value" for the search netwood give the result in	tion during the account each station. The air during the account decimals in column 4. The station. The or noncommercial end column 6. Round to the station of the column 6.	This figure must educational station, no less than the					
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS C ED BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			SE				
			÷		=	X	=					
			÷ ÷		=	x	=					
			÷		=	×	=					
			÷		=	x	=					
			÷		=	<u>x</u>	=					
			÷ ÷		=	x	=					
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of page		le,		0.0	00					
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in effections in effections in effections. Broadcast of space I). Column 2: Foliat your option. Column 3: Ecolumn 4: Ecolumn 4:	e the call sign of each state by your system in substact on October 19, 1976 (ne or more live, nonnetwork for each station give the This figure should corresenter the number of days Divide the figure in column is the station's DSE	itution for a progra as shown by the lead ork programs during number of live, no spond with the infoction the calendar years 2 by the figure in	m that your syster tter "P" in column that optional carronnetwork programmation in space I ar: 365, except in column 3, and gi	m was permitted to 7 of space I); and riage (as shown by as carried in substance). a leap year. ve the result in co	to delete under FCC rud the word "Yes" in colunt titution for programs the	nn 2 of nat were deleted less than the third	orm).				
		SU	BSTITUTE-BA	SIS STATION	IS: COMPUTA	ATION OF DSEs						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		÷		=			÷	=				
		÷		=			÷	=				
				=			÷	=				
		÷		=			÷	=				
	Add the DSEs of	÷ OF SUBSTITUTE-BASI of each station. m here and in line 3 of page 2.	S STATIONS:	le,		0.0	÷ 00	=				
5		R OF DSEs: Give the am applicable to your system		es in parts 2, 3, and	d 4 of this schedul	e and add them to prov	ide the total					
Total Number	1. Number of	DSEs from part 2 ●				-	0.00					
of DSEs	2. Number of	DSEs from part 3 ●				<u> </u>	0.00					
	3. Number of	DSEs from part 4 ●				>	0.00					
	TOTAL NUMBE	R OF DSEs					>	0.00				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/01

LEGAL NAME OF OWNER OF CABLE SYSTEM:					S	YSTEM ID#	Name
GCI Cable Inc.						32961	Name
Instructions: Block A must be completed. In block A: In your answer if "Yes," leave the remainder of paschedule. If your answer if "No," complete blocks B and C	·	of the DSE sched	lule blank and	l complete part	8, (page 16) of th	e	6
	BLOCK A: T	ELEVISION MA	ARKETS				Computation of
Is the cable system located wholly outside of all meffect on June 24, 1981? Yes—Complete part 8 of the schedule—D No—Complete blocks B and C below.	O NOT COMP	LETE THE REMAI	NDER OF PA	ART 6 AND 7.	CC rules and regul	lations in	3.75 Fee
	CK B: CARR	IAGE OF PERM	MITTED DS	SEs			
Column 1: List the call signs of distant state under FCC rules and regulation instructions for the DSE Scheoo Satellite Television Extension	ns prior to Jun Jule. (Note: The	e 25, 1981. For fur e letter M below re	ther explanati	ion of permitted	d stations, see the		
Column 2: Enter the appropriate letter incomplete the properties and regulation (Note the FCC rules and regulation and PERMITTED A Stations carried pursuant to 76.61(b)(c)] B Specialty station as defined C Noncommerical educational D Grandfathered station (76.6 instructions for DSE schedulations are carried pursuant to individuate a station previously carried G Commercial UHF station will M Retransmission of a distant	ations cited be the FCC marking 76.5(kk) (76.5) I station [76.59.5) (see paragrule). al waiver of FC d on a part-time thin grade-B co	low pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e) (c), 76.61(d), 76.6 aph regarding sub CC rules (76.7) e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3: List the DSE for each distant s *(Note: For those stations ider this schedule to determine the	ntified by the le	-			rksheet on page 1	4 of	
1. CALL 2. PERMITTED 3. DSE BASIS	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
				ll .		0.00	
						0.00	
<u> </u>	SLOCK C: CO	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the total number of DSEs from բ	oart 5 of this s	schedule				-	
Line 2: Enter the sum of permitted DSEs from	n block B abo	ve			ır	-	
Line 3: Subtract line 2 from line 1. This is the (If zero, leave lines 4–7 blank and pro		-		ate.	1	0.00	
Line 4: Enter gross receipts from space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply line 4 by 0.0375 and enter su	n here						partially permited/ partially
Line 6: Enter total number of DSEs from line	3				X		nonpermitted carriage? If yes, see part 9 instructions.
Line 7: Multiply line 6 by line 5 and enter here	and on line 2	2, block 3, space	L (page 7)			0.00	<i>3</i> การแนบแบกร.

Name	GCI Cable Inc.	NER OF CABLE	SYSTEM:						S	32961
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior Column 1: List the or Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Form A—Part-time spin 76.59 B—Late-night prin 76.61 S—Substitute car gener Column 5: Indicate in block	or to June 25, 20 call sign for ea the DSE for the the accounting the basis of call call the basis of call call the basis of call the basis of call the basis of call the call the programming: Confermed and the station's Department of the basis of the DSE figures in formation your call instructions the station's Department of the basis of the	1981, under former ch distant station in the station for a single period and year in the gulations cited be mining: Carriage, on the paper SA3 for the paper SA3 for the current res listed in column of part 6 for this state under state	rFCC rules gover dentified by the gle accounting part which the carries station was callow pertain to the part-time barring to 76.61(e). Trules, sections accounting perms 2 and 5 and attion.	rerriet lett per riag arri hos asis (1) (1) s 7(aut iod	entifed by the letter "F" hing part-time and subster "F" in column 2 of piod, occurring between ge and DSE occurred (ied by listing one of the se in effect on June 24 s, of specialty programs)). 6.59(d)(3), 76.61(e)(3), thorizations. For further as computed in parts the smaller of the two	stitute carricant 6 of the January 1 e.g., 1981/e following large and the January 1 or 76.63 (for explanation 2, 3, and 4 figures her	age.) DSE schedule, 1978 and Jun 1). letters: FCC rules, se referring to on, see page (v of this schedu re. This figure s	ections of the le. should b	e entered
	1. CALL SIGN	PERMITTE 2. PRIC DSE	OR 3. ACC	TIONS CARRIE COUNTING ERIOD	ED	ON A PART-TIME AN 4. BASIS OF CARRIAGE	5. PF	TUTE BASIS RESENT DSE	6. P	ERMITTED DSE
7 Computation of the	1	"Yes," comple	te blocks B and C,		ра	urt 8 of the DSE schedu	ule.			
Syndicated			BLOCK	(A: MAJOR	TE	ELEVISION MARK	ET			
Exclusivity		achla avatam v	ithin a tan 100 mai	or tolovicion mo	مادم	t as defend by eastion	70 F of FOO	` wuloo in offeet	luna 24	10012
Surcharge	Yes—Complete	•		or television ma	гке	et as defined by section of the sect		rules in effect	June 24,	1981?
	· ·				ا ا					
	BLOCK B: Ca	arriage of VHF	Grade B Contour	Stations	4	BLOCK	C: Compu	itation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76.	le system p	•	-	
	Yes—List each st		h its appropriate perr part 8.	mitted DSE		Yes—List each sta X No—Enter zero ar			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/01

. 504 4	AME OF OWNER OF OAR FRANCISM	
	AME OF OWNER OF CABLE SYSTEM: Sable Inc. 32961	Name
GCIC	Sable Inc. 32961	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	•
Т.	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) \$	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) ▶ \$	
	(the arribant 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	
	Base Rate Fee Substituting the state of th	
IMPOF	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line- Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of
IIIIS GX	dusion, you must.	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
	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	Partially Distant
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to	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
•	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.)	
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
	section:	
	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• lf:	evertors in located wholly outside all major and amplier television markets, give each etation's DCC as you save it in marks C. C.	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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

your actual calculations on the form.

LEGAL NAME OF OWNER GCI Cable Inc.	R OF CABLE	E SYSTEM:				SY	32961	Name
В				TE FEES FOR EACH				
	FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	OUD	¢	0.00	Gross Receipts Secon	d Group	\$	0.00	
Closs Receipts First Cr	oup	•	0.00	Cross Receipts Secon	а Отоир	Ψ		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU)		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Dana Bata Foo Third O			0.00	Dana Bata Fan Farmth	0		0.00	
Base Rate Fee Third G	roup	 \$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
]	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$	0.00	
-	, -							

LEGAL NAME OF OWNER GCI Cable Inc.	R OF CABLI	E SYSTEM:				SY	32961	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						_		for
								Partially
								Distant Stations
								Stations
-								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
Ç	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u></u>				<u>.</u>	
Total DSEs			0.00	Total DSEs			0.00	
		_					_	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWI GCI Cable Inc.	NER OF CABL	E SYSTEM:				S	32961	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO			TENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGH	302	O/ILL GIGIT	302	07.22 0.011	302	O/ILL GIGIT	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		 						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec	·	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE	ER OF CABLI	E SYSTEM:				S	YSTEM ID# 32961	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCRI	BER GROUP		
TH	IRTEENTH	SUBSCRIBER GROU	JP	FO	URTEENTH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
***************************************								Syndicated
								Exclusivity Surcharge
								for
					····			Partially
								Distant
								Stations
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
, , , , , , , , , , , , , , , , , , , ,		· 				·		
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	IFTEENTH	SUBSCRIBER GROU			SIXTEENTH	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN GCI Cable Inc.	IER OF CABL	E SYSTEM:				S	32961	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEV	'ENTEENTH	SUBSCRIBER GRO	UP	E	EIGHTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
			·····					Stations
						. –		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
Ī	VINTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

		DED 050::5	011000	TC CCC	· ·	BLOCK A: COMPUTATION OF BASE					
	ID	BER GROUP SUBSCRIBER GROU		11		COMPUTATION OF SUBSCRIBER GROU					
9	0	SUBSCRIBER GROU	1-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU		COMMUNITY/ AREA			
Computa											
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
and											
Syndica											
Exclusiv											
Surchar											
for											
Partial											
Distan Station					<u></u>	-					
Station					<u></u>						
					<u></u>						
	0.00				0.00						
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	ross Receipts First G			
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	ase Rate Fee First G			
	JP	SUBSCRIBER GROU	Y-FOURTH	TWEN	UP	SUBSCRIBER GRO	NTY-THIRD	TWEN			
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA			
	0			ii -	0			OMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	ii -	DSE	CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN		CALL SIGN			
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN					
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		CALL SIGN			
	DSE	CALL SIGN		CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE			CALL SIGN CALL SIGN Total DSEs	DSE		DSE	CALL SIGN CALL SIGN Total DSEs Bross Receipts Third C			

	32961			GAL NAME OF OWNER OF CABLE SYSTEM: CI Cable Inc.						
				TE FEES FOR EACH						
9		SUBSCRIBER GROUI	NTY-SIXTH			SUBSCRIBER GROL	NTY-FIFTH			
Comput	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rat										
and										
Syndica			-							
Exclusi Surcha			-							
for										
Partia										
Dista			-							
Statio										
	0.00				0.00	1				
	0.00			Total DSEs	0.00			Γotal DSEs		
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First G		
	P	SUBSCRIBER GROUI	Y-EIGHTH	TWENT	JP	SUBSCRIBER GROU	SEVENTH	TWENTY-		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
			-							
			l .			···				
	0.00_			Total DSEs	0.00			Fotal DSEs		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G		
		\$	Group			\$	Group			

LEGAL NAME OF OW GCI Cable Inc.	NER OF CABL	E SYSTEM:				\$	32961	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ ARE	<i></i>		0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN GCI Cable Inc.	NER OF CABL	E SYSTEM:				\$	32961	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		1 SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	•	\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	0	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN GCI Cable Inc.	ER OF CABL	E SYSTEM:				S	32961	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloc			criber group	as shown in the boxes	s above.	\$		

			0110000		L D v O L D .		DI OOK 1	
	ID.	BER GROUP SUBSCRIBER GROU		TE FEES FOR EAC		SUBSCRIBER GRO		
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	Р	SUBSCRIBER GROU	Y-FOURTH	FOR	UP	SUBSCRIBER GRO	RTY-THIRD	FOR
	_							
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	
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		CALL SIGN	DSE			CALL SIGN	DSE	
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	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		otal DSEs
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	DSE		n Group	CALL SIGN Total DSEs	DSE		Group	CALL SIGN CALL SIGN Total DSEs Bross Receipts Third G

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	ID	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		SUBSCRIBER GROU		
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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	0.00			Total DSEs	0.00			otal DSEs
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	JP 0	SUBSCRIBER GROU	TY-EIGHTH	FOR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	/-SEVENTH	
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	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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LEGAL NAME OF OWNE	R OF CABLE	E SYSTEM:				S	YSTEM ID# 32961	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	I SUBSCRI	BER GROUP		
FOR	TY-NINTH	SUBSCRIBER GROU	JP	<u> </u>	FIFTIETH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
·	·				·			
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	FTY-FIRST	SUBSCRIBER GROU		 	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

MPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
BSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP	H SUBSCRIBER GF		H	SUBSCRIBER GRO	Y-THIRD	
0 COMMUNITY/ AREA 0			0 COMMI			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	DSE CALL	CALL SIGN	DSE	CALL SIGN
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			lotal D			otal DSEs
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0.00 Base Rate Fee Second Group \$ 0.00	\$	nd Group	0.00 Base R	\$	oup	Base Rate Fee First Gr
SSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP	H SUBSCRIBER GF	FIFTY-SIXTH	JP	SUBSCRIBER GRO	TY-FIFTH	FIF
O COMMUNITY/ AREA O			0 COMM			COMMUNITY/ AREA
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GCI Cable Inc.							32961	Name
				ATE FEES FOR EAC				
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JOININIONITY/ AKEA			U	CONINIONITY/ ARE	~		U	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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			scriber group	as shown in the boxes	s above.	¢		
Enter here and in blo	ск 3, IINE 1,	space L (page /)				\$		

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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oup.	•	0.00	Gross Receipts Seco	and Group	\$	0.00	
ioss Receipts Filst Gi	oup	\$	0.00	ll Gloss Receipts Sect	ла Стоар	3	0.00	
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ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIX		SUBSCRIBER GRO	DUP	SIX	TY-FOURTH	SUBSCRIBER GROU	JP	
SIX					TY-FOURTH			
SIX [*] OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
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SIX [*] OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
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SIX [*] OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIX OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIX [*] OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIX [*] OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIX [*] OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIX [*] OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	0UP 0	SIX COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GROU	JP 0	
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LEGAL NAME OF OWNER GCI Cable Inc.	R OF CABL	E SYSTEM:					32961	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIFTH	SUBSCRIBER GROU	JP	SI	XTY-SIXTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GROU	JP	SIXT	Y-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
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	P	SUBSCRIBER GROU		TE FEES FOR EACH SE		SUBSCRIBER GROU		
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	P	SUBSCRIBER GROU	/-SECOND	SEVENT	IP	SUBSCRIBER GROU	ΓY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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				1	0.00			Base Rate Fee Third G

O Computa O DSE Of Base Rat and Syndica Exclusi Surcha for Partia Dista Statio 0.00 0.00 0.00	CALL SIGN	E FEES FOR EACH SUBSCE SEVENTY-FOURT COMMUNITY/ AREA	OUP	SUBSCRIBER GROU		
O Computa O DSE Of Base Rate and Syndica Exclusi Surcha for Partial Distai Station O.00 O.00 O.00 O.00						SEVEIV
DSE of Base Rate and Syndica Exclusi Surcha for Partial Distai Station O.00 0.00 0.00 0.00	CALL SIGN		0			COMMUNITY/ AREA
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	SUBSCRIBER GROUP	SEVENTY-SIXT	OUP	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
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0.00			0.00	\$	Group	ase Rate Fee Third 0

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