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.

## SA3E Long Form

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

_	<b>—</b>					
A	AC	COUNTING PERIOD COVERED BY THIS STATEM	ENT:			
Accounting		2020/1				
Period						
В	Ins	tructions:				
Owner	rate	Give the full legal name of the owner of the cable system. If the owner of the subsidiary, not that of the parent corporation.	vner is a subsidiary of anoth	er corporation, give the full cor	ро-	
		List any other name or names under which the owner conducts the				
	as	If there were different owners during the accounting period, only th ingle statement of account and royalty fee payment covering the ent		ne accounting period should st	IDMIT	
		Check here if this is the system's first filing. If not, enter the system		the Licensing Division.	_	060969
	LI	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTE	M			
		Blue Stream Communications, LLC				
				c		2020/4
				L L	00909	2020/1
					060969	2020/1
		12409 NW 35th Street				
		Coral Springs, FL 33065-2413				
<u> </u>	INS	STRUCTIONS: In line 1, give any business or trade names u	sed to identify the busine	ss and operation of the sys	stem unles	s these
С	na	mes already appear in space B. In line 2, give the mailing ad	dress of the system, if dif	ferent from the address giv	en in spac	e B.
System	1	IDENTIFICATION OF CABLE SYSTEM:				
	_					
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
	-	(City, town, state, zip code)				
D	Ins	tructions: For complete space D instructions, see page 1b.	Identify only the frst com	munity served below and re	elist on pa	ge 1b
Area	wit	h all communities.				
Served		CITY OR TOWN	STATE			
First		Weston	FL			
Community	E	Below is a sample for reporting communities if you report mul			1	
	A 1 a	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alc	ance	MD	B		1 2
		ring	MD	B		3
-		ction 111 of title 17 of the United States Code authorizes the Copyright Office				
		your statement of account. PII is any personal information that can be used 'II, you are agreeing to the routine use of it to establish and maintain a public	,			
search reports pre	pared	for the public. The effect of not providing the PII requested is that it may dela	ay processing of your statemen	of account and its placement in the		
completed record	of stat	ements of account, and it may affect the legal suffciency of the fling, a detern	mination that would be made by	a court of law.		

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

9/3/2020

## U.S. Copyright Office

D

Area

Served

SYSTEM ID# 060969

<b>ORM</b>	SA3E.	PAGE	1b.

I FGAL NA	ME OF OW	/NER OF CA	BLE SYSTEM:

### **Blue Stream Communications, LLC**

**Instructions:** List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.

**Note:** Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
Weston	FL	Α	1	First
				Community
				See instructions for additional information
				on alphabetization.
	•••••••••••••••••••••••••••••••••••••••			
				Add rows as necessary.
	•••••••••••••••••••••••••••••••••••••••			
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	LEGAL NAME OF OWNER OF CABL	.E SYSTEM:						S	YSTEM IC	
Name	Blue Stream Communic	cations, LLC	2						06096	
	SECONDARY TRANSMISSION	SERVICE: S	UBSCR		RATES					
E	In General: The information in s			-	-	ry transmission	service of	the cable		
	system, that is, the retransmissi									
Secondary	about other services (including p	•••	•		•		those exis	sting on the		
Transmission Service: Sub-	last day of the accounting period						ahle syster	n broken		
scribers and	<b>Number of Subscribers:</b> 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									
Rates	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). <b>Rate:</b> 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	-						-		
	category, but do not include disc						ns wiu iin a	particular rate		
	Block 1: In the left-hand block					condary transm	ission serv	ice that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity									
	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 a sufficient.	and rates, in th	ne right-	hand block. A	two- or thr	ee-word descrip	tion of the	service is		
		OCK 1			1		BLOC	K 2		
		NO. OF		DATE	CAT	NO. OF	DATE			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Service to first set		4,728	\$ 32.00						
	Service to additional set(s)		-,	Ф <u>02</u> .00						
	• FM radio (if separate rate)									
	Motel, hotel		3	\$ 12.99						
	Commercial									
	Converter									
	Residential		647	\$ 4.99						
	Non-residential	Non-residential								
					-0			•		
	SERVICES OTHER THAN SEC In General: Space F calls for ra		-		-	all your cable sy	istem's sei	vices that were		
F	-		,		000000000	an your ouble of	010111 0 001	nood that nord		
-	not covered in space $E$ , that is,	those services	that are	e not offered in	combinat	on with any sec	ondary tra	nsmission		
•	not covered in space E, that is, service for a single fee. There a	ire two exception	ons: you	u do not need f	o give rate	information co	ncerning (*	I) services		
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Services Other Than	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u	re two exception or facilities fur nit in which it is	ons: you nished	u do not need t to nonsubscrib	o give rate ers. Rate	information con nformation sho	ncerning (* uld include	l) services both the		
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Services Other Than	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u	re two exception or facilities fur nit in which it is a rate column. ate charged by	ons: you nished s usuall the cab	u do not need t to nonsubscrib y billed. If any le system for e	o give rate ers. Rate i rates are c each of the	information con nformation sho harged on a va applicable serv	ncerning (1 uld include riable per-p ices listed	I) services both the program basis,		
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G

Primary

Transmitters:

Television

SYSTEM ID#

060969

	• · ··	
Blue Stream	Communications,	LLC

PRIMARY TRANSMITTERS: TELEVISION	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WWPBT	2	Е	NO		MIAMI, FL	
WWFOR	4	N	NO		MIAMI, FL	See instructions for
W.WAMI	69	I	NO		MIAMI, FL	additional information
W WTVJ	6	N - M	NO		MIAMI, FL	on alphabetization.
W:WSVN	7	I	NO		MIAMI, FL	
WWBFS	33	I	NO		MIAMI, FL	
W:WSFL	39	I - M	NO		MIAMI, FL	
WWPLG	10	N - M	NO		MIAMI, FL	
WWPXM	35	I - M	NO		MIAMI, FL	
WWHFT	45	I	NO		MIAMI, FL	
W:WXEL	42	Е	NO		WEST PALM BCH, FL	
WWLRN	17	Е	NO		MIAMI, FL	
wwscv	51	I	NO		MIAMI, FL	
WWLTV	23	I	NO		MIAMI, FL	
W:WSBS	22	I	NO		MIAMI, FL	
WWGEN	8	I	NO		MIAMI, FL	

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

G

Primary

Television

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 060969 **Blue Stream Communications, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CARRIAGE CHANNEL OF (Yes or No) NUMBER STATION (If Distant)

G

Primary

Transmitters:

Television

SYSTEM ID#

060969

### Blue Stream Communications. LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television station 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 or substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute pro	en é
basis under specifc FCC rules, regulations, or authorizations.	5
• 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 oth basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form.	•(
Column 1: List each station's call sign. Do not report origination program services such as HBO ESPN, etc. Ide	ntif

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power televic carried by your cable system during the accounting period except (1) stations carried only on a part-time I FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 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 station substitute program basis, as explained in the next paragraph	basis under s [section:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a sub basis under specific FCC rules, regulations, or authorizations.	ostitute progran
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log station was carried only on a substitute basis</li> </ul>	)—if the
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also or basis. For further information concerning substitute basis stations, see page (v) of the general instructi in the paper SA3 form.</li> </ul>	ions located
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESP each multicast stream associated with a station according to its over-the-air designation. For example, re	•
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately;	
WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting c	over-the-air ir
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from 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	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independ (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No".	al multicast)
planation of local service area, see page (v) of the general instructions located in the paper SA3 form <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on w	vhich you
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your ca	
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 of a written agreement entered into on or before June 30, 2009, between a cable system or an associatio	
the cable system and a primary transmitter or an association representing the primary transmitter, enter the tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O."	he designa

the 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 identifec

<b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.
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CHANNEL LINE-UP				AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power televisi	on stations)
carried by your cable system during the accounting period except (1) stations carried only on a part-time ba	isis undei
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations	carried on a
substitute program basis, as explained in the next paragraph	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a subsi	titute progran
basis under specifc FCC rules, regulations, or authorizations:	
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)– station was carried only on a substitute basis</li> </ul>	–if the
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on s basis. For further information concerning substitute basis stations, see page (v) of the general instruction in the paper SA3 form.</li> </ul>	
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, repo	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for	r example
WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting ov	er-the-air ir
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from t on which your cable system carried the station	he channe
Column 3: Indicate in each case whether the station is a network station, an independent station, or a n	oncommercia
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independer	nt), "I-M
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational I	
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". F	or an ex
planation 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 wh	ich you
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cab	le syster
carried the distant station on a part-time basis because of lack of activated channel capacity	

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

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

CHANNEL LINE-UP				AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low po	,
carried by your cable system during the accounting period except (1) stations carried only on a	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network	
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) certa substitute program basis, as explained in the next paragraph	ain stations carried on a
Substitute Basis Stations: With respect to any distant stations carried by your cable system	n on a substitute progran
basis under specifc FCC rules, regulations, or authorizations	1 0
• Do not list the station here in space G-but do list it in space I (the Special Statement and Pro	gram 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 a	nd also on some othe
basis. For further information concerning substitute basis stations, see page (v) of the genera in the paper SA3 form.	
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as H	BO, ESPN, etc. Identify
each multicast stream associated with a station according to its over-the-air designation. For example, and the station according to its over-the-air designation.	· · ·
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream se	
WETA-simulcast).	, , , , , , , , , , , , , , , , , , ,
Column 2: Give the channel number the FCC has assigned to the television station for broad	dcasting over-the-air ir
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be diffe	erent from the channe
on which your cable system carried the station	
Column 3: Indicate in each case whether the station is a network station, an independent sta	ation, or a noncommercia
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for	independent), "I-M
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial e	ducational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA	3 form
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, en	nter "No". For an ex
planation 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 b	asis on which you

you **Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin

the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP				AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power te carried by your cable system during the accounting period except (1) stations carried only on a part-tin FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progra	ne basis under
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 stat substitute program basis, as explained in the next paragraph	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a basis under specifc FCC rules, regulations, or authorizations:	
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program L station was carried only on a substitute basis</li> </ul>	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also basis. For further information concerning substitute basis stations, see page (v) of the general instru- in the paper SA3 form.</li> </ul>	
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, E each multicast stream associated with a station according to its over-the-air designation. For example, cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separated WETA-simulcast).	report multi
<b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcastin its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different fr	-
on which your cable system carried the station <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, of advectional station, by entering the latter "N" (for network) "N M" (for network station).	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form	onal multicast)
<ul> <li>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "N planation of local service area, see page (v) of the general instructions located in the paper SA3 form</li> <li>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis o</li> </ul>	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if you 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	
of a written agreement entered into on or before June 30, 2009, between a cable system or an association the cable system and a primary transmitter or an association representing the primary transmitter, enter	ation representin
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "C explanation of these three categories, see page (v) of the general instructions located in the paper SA: <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the stati	D." For a furthe 3 form
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station	

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

CHANNEL LINE-UP AG					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

FORM SASE. FAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
<b>In General:</b> In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period except (1) stations carried only on a part-FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prog 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 s	time basis under
substitute program basis, as explained in the next paragraph <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on basis under specifc FCC rules, regulations, or authorizations:	a substitute progran
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis</li> </ul>	n Log)—if the
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and a basis. For further information concerning substitute basis stations, see page (v) of the general ins in the paper SA3 form.</li> </ul>	structions located
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, each multicast stream associated with a station according to its over-the-air designation. For examp cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separa WETA-simulcast).	le, report multi
<b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcas its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be differen on which your cable system carried the station	
Column 3: Indicate in each case whether the station is a network station, an independent station educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter	ependent), "I-M ational multicast) rrm
planation of local service area, see page (v) of the general instructions located in the paper SA3 forr <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis cable system carried the distant station during the accounting period. Indicate by entering "LAC" if you	m s on which you
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 becau of a written agreement entered into on or before June 30, 2009, between a cable system or an asso the cable system and a primary transmitter or an association representing the primary transmitter or	ciation representin

entin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form 4 6 4 4

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 identifec
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AH					
1. CALL 2. B'CAST 3. TYPE SIGN CHANNEL OF NUMBER STATION		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

G

Primary

Television

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 060969 **Blue Stream Communications, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CARRIAGE CHANNEL OF (Yes or No) NUMBER STATION (If Distant)

Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power te carried by your cable system during the accounting period except (1) stations carried only on a part-til FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr 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 substitute program basis, as explained in the next paragraph <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a	me basis under ams [section: ations carried on a
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 station was carried only on a substitute basis	Log)—if th∉
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and als basis. For further information concerning substitute basis stations, see page (v) of the general instr in the paper SA3 form.</li> </ul>	
Column 1: List each station's call sign. Do not report origination program services such as HBO, E	
each multicast stream associated with a station according to its over-the-air designation. For example cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separate	
WETA-simulcast).	ng over the air is
<b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasti its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different to on which your cable system carried the station	
Column 3: Indicate in each case whether the station is a network station, an independent station,	or a noncommercia
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for indep	
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational)	,
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 forr <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "N	
planation 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 of	•
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if you	ır cable syster
carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment becaus	e it is the subjec

ubjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

	CHANNEL LINE-UP A			AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

G

Primary

Transmitters:

Television

SYSTEM ID#

060969

### **Blue Stream Communications, LLC**

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul>

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

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

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

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

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP			EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low pow	er television stations)
carried by your cable system during the accounting period except (1) stations carried only on a pa	rt-time basis under
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network p	rograms [section:
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain	stations carried on a
substitute program basis, as explained in the next paragraph	
Substitute Basis Stations: With respect to any distant stations carried by your cable system of	on a substitute progran
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 Progr	am Log)—if the
station was carried only on a substitute basis	
• List the station here, and also in space I, if the station was carried both on a substitute basis and	also on some othe
basis. For further information concerning substitute basis stations, see page (v) of the general	instructions located
in the paper SA3 form.	
Column 1: List each station's call sign. Do not report origination program services such as HB	O, ESPN, etc. Identify
each multicast stream associated with a station according to its over-the-air designation. For exar	nple, report multi
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream sepa	rately; for example
WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadc	asting over-the-air ir
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different	ent from the channe
on which your cable system carried the station	
Column 3: Indicate in each case whether the station is a network station, an independent stati	on, or a noncommercia
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for in	dependent), "I-M
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial edu	ucational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3	form
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carried the distant station on a part-time basis because of lack of activated channel capacity	
For the retransmission of a distant multipast stream that is not subject to a revelty neyment be	anna it is tha such is a

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

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

CHANNEL LINE-UP AL					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: S	YSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program labels and the next paragraph substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis and the next paragraph substitute program basis stations: With respect to any distant stations carried by your cable system on a substitute program basis and the next paragraph substitute program basis and the next paragraph basis stations carried by your cable system on a substitute program basis by the respect to any distant stations carried by your cable system on a substitute program basis and the next paragraph substitute program basis by the respect to any distant stations carried by your cable system on a substitute program basis and the next paragraph substitute program basis by the respect to any distant stations carried by your cable system on a substitute program basis by the respect to any distant stations carried by your cable system on a substitute program basis by the respect to any distant stations carried by your cable system on a substitute program basis by the respect to any distant stations carried by your cable system on a substitute program basis by the respect to any distant stations carried by your cable system on a substitute program basis by the respect to any distant stations carried by your cable system basis by the respect to any distant by the respect by the respect to any distant by the respe	ndei in: ed on a
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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</li> </ul>	
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Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the	-air ir
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the cha on which your cable system carried the station	anne
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncor educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I- (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multic 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	M ast)
planation of local service area, see page (v) of the general instructions located in the paper SA3 form <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity	u
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the s of a written agreement entered into on or before June 30, 2009, between a cable system or an association represente cable system and a primary transmitter or an association representing the primary transmitter, enter the design "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a fu	sentin gna
<ul> <li>explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</li> <li>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licens</li> <li>FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</li> </ul>	

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.							
	CHANNEL LINE-UP AM						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power tele	evision stations)
carried by your cable system during the accounting period except (1) stations carried only on a part-tim	e basis under
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progra	ms [section:
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stati	ions carried on a
substitute program basis, as explained in the next paragraph	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a s	substitute progran
basis under specifc FCC rules, regulations, or authorizations:	
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Le station was carried only on a substitute basis</li> </ul>	og)—if the
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also</li> </ul>	on some othe
basis. For further information concerning substitute basis stations, see page (v) of the general instru	ictions located
in the paper SA3 form.	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ES	•
each multicast stream associated with a station according to its over-the-air designation. For example,	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately	y; for example
WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting	•
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from which was achieved and the statistic	om the channe
on which your cable system carried the station	r a nanaammaraic
<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, o	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for indepe	
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Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis or	a which you
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your	•
carried the distant station on a part-time basis because of lack of activated channel capacity	Cable System
carried the distant station on a part-time basis because of lack of activated charmer capacity	

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary Transmitters:

Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power	television stations)
carried by your cable system during the accounting period except (1) stations carried only on a part-	time basis under
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network proc	grams [section:
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain s	tations carried on a
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each multicast stream associated with a station according to its over-the-air designation. For example	
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the cable system and a primary transmitter or an association representing the primary transmitter, ei	
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FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station	on is identifed

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP				AO	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power televisi	on stations)
carried by your cable system during the accounting period except (1) stations carried only on a part-time ba	isis undei
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [	
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
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<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)– station was carried only on a substitute basis</li> </ul>	–if the
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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, repo	
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WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting ov	er-the-air ir
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from t on which your cable system carried the station	he channe
Column 3: Indicate in each case whether the station is a network station, an independent station, or a n	oncommercia
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independer	nt), "I-M
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational I	
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". F	or an ex
planation 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 wh	ich you
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cab	le syster
carried the distant station on a part-time basis because of lack of activated channel capacity	

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

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

		CHANN	EL LINE-UP	AP	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
<b>In General:</b> In space G, identify every television station (including translator stations and low power televis carried by your cable system during the accounting period except (1) stations carried only on a part-time b FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 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 station substitute program basis, as explained in the next paragraph	oasis under [section؛ s carried on ٤
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a sub 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)	
<ul> <li>station was carried only on a substitute basis</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on basis. For further information concerning substitute basis stations, see page (v) of the general instruction in the paper SA3 form.</li> </ul>	ons located
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPI each multicast stream associated with a station according to its over-the-air designation. For example, rep cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; f WETA-simulcast).	oort multi
<b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting o its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from on which your cable system carried the station	the channe
Column 3: Indicate in each case whether the station is a network station, an independent station, or a educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) 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".	ent), "I-M I multicast)
planation of local service area, see page (v) of the general instructions located in the paper SA3 form <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on w cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your ca 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 of a written agreement entered into on or before June 30, 2009, between a cable system or an association the cable system and a primary transmitter or an association representing the primary transmitter, enter the tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." If explanation of these three categories, see page (v) of the general instructions located in the paper SA3 for <b>Column 6</b> : Give the location effect on the station.	n representin ne designa For a furthe rm

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 identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period except (1) stations carried only on a part FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network pro 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 s substitute program basis, as explained in the next paragraph <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on	-time basis under grams [section: stations carried on ເ
basis under specific FCC rules, regulations, or authorizations:	
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis</li> </ul>	n Log)—if the
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and a basis. For further information concerning substitute basis stations, see page (v) of the general in in the paper SA3 form.</li> </ul>	
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 examp cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separa	· · ·
WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadcas its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different on which your cable system carried the station	•
Column 3: Indicate in each case whether the station is a network station, an independent station	n, or a noncommercia
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for inde	
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educ	ational multicast)
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 for <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter	
planation of local service area, see page (v) of the general instructions located in the paper SA3 for <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if y carried the distant station on a part-time basis because of lack of activated channel capacity	our cable system
For the retransmission of a distant multicast stream that is not subject to a royalty payment beca	use it is the subjec

ubjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

G

Primary

Television

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 060969 **Blue Stream Communications, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CARRIAGE CHANNEL OF (Yes or No) NUMBER STATION (If Distant)

G

Primary

Television

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 060969 **Blue Stream Communications, LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CARRIAGE CHANNEL OF (Yes or No) NUMBER STATION (If Distant)

Name

G

Primary

Transmitters:

Television

FORM SASE. FAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II	)#
Blue Stream Communications, LLC 06096	<b>39</b>
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:	
<ul> <li>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</li> </ul>	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.</li> </ul>	
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifier 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). <b>Column 2:</b> 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 channe on which your cable system carried the station <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercia	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form	
<b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form	
<b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity	
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the 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 designa	

sentin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

<b>Column 6:</b> 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 identifec
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AU	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Blue Stream Communications, LLC	060969
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power tele	evision stations)
carried by your cable system during the accounting period except (1) stations carried only on a part-tim	e basis under
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progra	ms [section:
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stati	ions carried on a
substitute program basis, as explained in the next paragraph	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a s	substitute progran
basis under specifc FCC rules, regulations, or authorizations:	
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Le station was carried only on a substitute basis</li> </ul>	og)—if the
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also</li> </ul>	on some othe
basis. For further information concerning substitute basis stations, see page (v) of the general instru	ictions located
in the paper SA3 form.	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ES	•
each multicast stream associated with a station according to its over-the-air designation. For example,	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately	y; for example
WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting	•
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from which was achieved and the statistic	om the channe
on which your cable system carried the station	r a nanaammaraic
<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, o	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for indepe	
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial education	,
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 "Not	
planation 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 or	a which you
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your	•
carried the distant station on a part-time basis because of lack of activated channel capacity	Cable System
carried the distant station on a part-time basis because of lack of activated charmer capacity	

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

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

		CHANN	EL LINE-UP	AV	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

G

Primary

Transmitters:

Television

SYSTEM ID#

060969

### Blue Streem Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Blue Stream Communications, LLC	060
PRIMARY TRANSMITTERS: TELEVISION	
<b>In General:</b> In space G, identify every television station (including translator stations and low power television station 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 by a part and part and part and the programs having a complete in the next programs to the program.	eı
substitute program basis, as explained in the next paragraph <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute pro basis under specifc FCC rules, regulations, or authorizations:	ogran
<ul> <li>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</li> </ul>	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some otl basis. For further information concerning substitute basis stations, see page (v) of the general instructions locate in the paper SA3 form.</li> </ul>	
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Ide each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for examp WETA-simulcast).	•

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

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

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

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

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

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

		CHANN	EL LINE-UP	AW	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

	-												
Name	LEGAL NAME OF	OWNER OF CAB	LE SYSTE	M:				SYSTEM ID#					
Hamo	Blue Stream	n Communi	cation	s, LLC				060969					
н		t every radio	station c	) arried on a separate and disci enerally receivable" by your c									
Primary	Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally												
Transmitters: Radio	receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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. <b>Column 1:</b> Identify the call sign of each station carried. <b>Column 2:</b> State whether the station is AM or FM. <b>Column 3:</b> 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.												
	<b>Column 4:</b> 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					
	I	1	I	I	1		1	I]					

TOTAL ONDER THEE D.		FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/1									
LEGAL NAME OF OWNER OF Blue Stream Commun					S	060969	Name				
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG											
<b>In General:</b> In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.											
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?											
Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	nust complete the progra	m					
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program         log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.         Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper         SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for program											
WHEN SUBSTITUTE 7. REASON											
s	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED						
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			7. REASON FOR DELETION					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
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	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
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	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
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	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					
	2. LIVE?	3. STATION'S		CARR 5. MONTH	IAGE OCCURRED 6. TIMES	FOR					

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
Name	Blue Stream Communications, LLC 060969											
	PART-TIME CA	ARRIAGE LOG										
J Part-Time Carriage Log	<ul> <li>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.</li> <li>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.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul>											
			DAT	ES /	AND HOURS (	DF F	PART-TIME CAR	RIAGE				
		WHEN	I CARRIAGE OC	CUF	RRED			WHEN	I CARRIAGE O	CCURF	RED	
	CALL SIGN		HO	UR	S		CALL SIGN		Н	OURS		
		DATE	FROM		то			DATE	FROM		то	
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FORM	SA3E. PAGE 7.										
	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name							
Blu	e Stream Communications, LLC		060969								
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.											
			<u>_</u>								
Instru Con Con If yo fee If yo acco	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>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. <li>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. </li> </li></ul></li></ul>										
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on lin	ie 1 of								
If particular between two series of the	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ low.	entered on line	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 entered	on line								
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.										
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	250,702.00								
	This is your minimum fee.	\$	2,667.47								
Block 2 Block	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>Ine 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</li> </ul>	nn 4, you must	check								
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE		0.00								
	schedule. If none, enter zero										
	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	2,667.47	Cable systems submitting								
	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										
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)										
	Line 4. FILING FEE \$ 725.00										
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	3,392.47	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 page (i) of	the								

### ACCOUNTING PERIOD: 2020/1

Name         Unset were or owner of out a strated         SYSTEM Did Decision           M         Classes         <	ACCOUNTING PERI			FORM SA3E. PAGE 8					
Bits Stream Communications, LLC         Workset           M Channels         Instructions: You must give (1) the number of channels on which the cable system carried belevision broadcast stations to its subscriptions and (2) the cable system's table number of activated channels, during the accounting period.         16           2. Early The table number of channels on broadcast stations and norbinadizat stations.         74           N Individual to Be Contracted for Further information         Individual to sate account device (1) the statement of account (1) Be Contracted for Further information         No           Q         Carditics Spector         Telephone 954-752-7244 x243           Address         12499 NW 35ft Street (100, mm. cable and the statement of account (1) Be Contracted information         Fee (optional)           Q         Carditics Spector         Telephone 954-752-7244 x243           Address         12499 NW 35ft Street (100, mm. cable and the pattern motion consoling and the statement of account must be cardied and signed in account must be consoling on the statement of account must be cardied and signed in account on the cable system as identified in the of space B of the table on the outper and the statement of account must be cardied and signed in account with Copyright Office regulations.)           Cartification         1. It undensigned, hereby certily buil (Cheek one, of the bases.)           [] (Owner other than copporation or partnership) 1 am the data statement of the cable system as identified in the of space B and that the owner of the cable system as identified in the of space B and that the owneris	Name			SYSTEM ID					
M       Instruction: You must give (1) the cable system total number of admosted manuels, during the accounting period.         1: Enter the total number of admosted on thick the cable		Blue Stream Communication	ons, LLC	060965					
<ul> <li>Enter the total number of daturated stations and number of daturated static statics static static staticstatic staticstatic staticstatics static st</li></ul>		<b>M Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Interfection to advolved channels on distributions determines	Channels								
Individual of Be Contacted Information       Name       Candice Soeder       Telephone 954-752-7244 x243         Name       Candice Soeder       Telephone 954-752-7244 x243         Address       12409 NW 35th Street Underse, server, under server, generation, er under number)         Coral Springs, FL 33065 (00) um/bluestream.com       Fax (optional)         In the statement of account nust be certified an signed to table account of the cable system as identified in line 1 of space 8.       Fax (optiona		2. Enter the total number of ac on which the cable system ca	ivated channels rried television broadcast stations						
Information Addres 312409 NW 35th Street Vennier, seveneent, use an entropy of the statement of account must be certified and signed in accordance with Copyright Office regulations.) Cord Springs, FL 33065 (City, bins, siles ze) EmailCSCEdef@(mybluestream.comFax (optional) EmailCSCEdef@(mybluestream.comFax (optional) emailCSCEDEfCATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) Certification • 1 the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) [	Individual to	we can contact about this statement of account.)							
[Number: street, trant route, spathment, or subte number]         Coral Springs, FL 33065         [City, town, state, pr)         Email		Name Candice Soede	r	Telephone 954-752-7244 x243					
(city, town, size, zp)         Email       CSOEder@mybluestream.com       Fax (optional)         O       CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)         •       1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         •       (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         •       (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system         •       Infine 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system         •       Infine 1 of space B.       •         •       Inve 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 belef, and are made in good faith.         IS U.S.C. Section 1001(1980)       Ks/ Joseph Canavan         •       Inter an electronic signature on the line above using an 'ks' signature. Jeace your cursor in the box and press the "F2" button will avoid enabling Excels Lous compatibility settings.         •       The real of official position hed in corporation or partnership).         •       If of official position		(Number, street, rural ro	ute, apartment, or suite number)						
Certification       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)         O       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)                 (Gwner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or                 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complex, and correct to the best of my knowledge, information, and belief, and are made in good faith. [B US.C., Section 1001(1986)]         If uses, C., Section 1001(1986)]       Enter an electronic signature on the line above using an "/s" signature to certify this statement. (a.g., <i>NJ Jones Ph Canavan</i> )         Ther an electronic signature on the line above using an "/s" signature to certify this statement. (ag, <i>NJ Jones Ph Canavan</i> )         Typed or printed name:       /s/JOSeph Canavan         Title:       CO         Title:       CO         (The of official position held in corporation or partnership)         Det :       Lgust 24, 2020		(City, town, state, zip)							
Certification <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>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)] <b>My I</b></li></ul>		Email CSOEde	r@mybluestream.com Fa>	(optional)					
<ul> <li>Grant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>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)]</li> <li>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</li></ul>	•		-	h Copyright Office regulations.)					
<ul> <li>In line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>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)] M M</li></ul>									
In line 1 of space B.  • 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)] <b>Image: Additional State 1001</b> (1986) <b>Image: Addite 2080</b> (1986) <b>Image: Additional State 1001</b> (1986) <b>Im</b>									
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)]          Image: Constraint of the section of the line above using an "/s/" signature to certify this statement.         (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2"         button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.         Typed or printed name: /s/Joseph Canavan           Title:         COO             (Title of official position held in corporation or partnership)           Date:         August 24, 2020		<ul> <li>in line 1 of space B.</li> <li>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.</li> </ul>							
Enter an electronic signature on the line above using an "/s/" signature to certify this statement.         (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.         Typed or printed name:       /s/JOSeph Canavan         Title:       COO         (Title of official position held in corporation or partnership)         Date:       August 24, 2020									
(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: /s/Joseph Canavan Title: COO (Title of official position held in corporation or partnership) Date: August 24, 2020		X	/s/ Joseph Canavan						
Title:       COO (Title of official position held in corporation or partnership)         Date:       August 24, 2020		(e.g., /s/ .	ohn Smith). Before entering the first forward slash of the /s/ sigr	ature, place your cursor in the box and press the "F2"					
(Title of official position held in corporation or partnership)         Date:       August 24, 2020		Typed or printed name: /s/Joseph Canavan							
		Title:							
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 the		Date:	August 24, 2020						
	Privacy Act Notice	Section 111 of title 17 of the United	States Code authorizes the Copyright Offce to collect the perso	nally 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 telephol 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 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 t completed record of statements of account, and it may affect the legal suffciency of the filing, a determination that would be made by a court of lay

FORM	SA3F	PAGE9.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama		
Blue Stream Communications, LLC	060969	Name		
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?           X         NO           YES. Enter the total here and list the satellite carrier(s) below.         \$				
Name Mailing Address	Name Mailing Address			
INTEREST ASSESSMENTS				
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the g		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	* 9 x days			
Line 3 Multiply line 2 by the number of days late and enter the su	um here			
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block space L, (page 7)				
* To view the interest rate chart click on <i>www.copyright.gov/lic</i> contact the Licensing Division at (202) 707-8150 or licensing				
** This is the decimal equivalent of 1/365, which is the interest	t assessment for one day late.			
NOTE: If you are filing this worksheet covering a statement of acc please list below the owner, address, first community served, acco 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 C	Copyright Offce to collect the personally identifying information (PII) requested on the			

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 filing, a determination that would be made by a court of law.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

## DSE SCHEDULE. PAGE 11.

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

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

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

Each of the second, third, and fourth DSEs0.701% of gross receiptsThe fifth and each additional DSE0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE • If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

 Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

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

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

## EXAMPLE:

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

	Distant Stations Carried		Identification of	of Subscriber	Groups		
In most cases under current FCC	STATION	DSE	CITY	OUTSIDE LC	CAL	GRO	SS RECEIPTS
rules, all of Fairvale would be within	A (independent)	1.0		SERVICE AREA OF		FROM SUBSCRIBERS	
the local service area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B, C, D, E		\$310,000.00	
A and C and all of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A and C		100,000.00	
dega Bay would be within the local	D (part-time)	0.139	Bodega Bay	Stations A and C		70,000.00	
service areas of stations B, D, and E.	E (network)	0.25	Fairvale	Stations B, D	, and E		120,000.00
	TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
/ 、	Minimum Fee Total Gross	Receipts		\$600,000.00			
Santa Rosa Stations A and C				x .01064			
35 mile zone				\$6,384.00			
	First Subscriber Group S		Second Subscriber Group		Third Subscriber Group		
	(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)	
Fairvale							
<u>P</u> J	Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00
Rapid City	DSEs	2.472	DSEs		1.083	DSEs	1.389
	Base rate fee	\$6,497.20	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03
Bodega	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	01 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
	Base rate fee	\$6,497.20	Base rate fee		\$1,907.71	Base rate fee	\$1,604.03
Stations B, D,	Total Base Rate Fee: \$6,4	97.20 + \$1,907.7	71 + \$1,604.03 =	\$10,008.94			
and E 35 mile zone	In this example, the cable s	system would ent	er \$10.008.94 in	space I block	3 line 1 (page	7)	

## ACCOUNTING PERIOD: 2020/1

## DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
1	Blue Stream Communications, LLC 060969						
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	0.00					
<b>2</b> Computation of DSEs for	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."						
Category "O"			CATEGORY "O" STATION	-			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Add rows as necessary.							
Remember to copy all formula into new rows.							

	L	lannan lan lan lan lan lan lan lan lan l	

Name	LEGAL NAME OF									SYSTEM ID#
	Blue Stream	Communi	cations, LLC							060969
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY         Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).         Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.         Column 3: For each station, give the total number of hours your cable system carried the station during the accounting period.         Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.         Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."         Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper SA3 form.         CATEGORY LAC STATIONS: COMPUTATION OF DSEs         1. CALL       2. NUMBER       3. NUMBER       4. BASIS OF       5. TYPE       6. DSE									
	1. CALL SIGN		2. NUMBER OF HOURS CARRIED BY SYSTEM	0 S'	F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE		VALUE	-	
				÷	:	=	x		=	
				÷		=	x		=	
									=	
				+ +			×			
				÷		_			=	
				÷		=	x		=	
				÷		=	×		=	
	Add the DSEs Enter the su	of each statio um here and	in line 2 of part 5 o	f this schedule				0.00		
<b>4</b> Computation of DSEs for Substitute- Basis Stations	<ul> <li>Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:         <ul> <li>Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and</li> <li>Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).</li> <li>Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.</li> <li>Column 3: Enter the number of days in the calendar year: 365, except in a leap year.</li> <li>Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form</li> </ul> </li> </ul>									rm).
			SUBSTI	TUTE-BAS	IS STATION	S: COMPUT	ATION OF D	SEs		
	1. CALL	2. NUMB		NUMBER	4. DSE	1. CALL	2. NUMB		3. NUMBER	4. DSE
	SIGN	OF	C	F DAYS		SIGN	OF		OF DAYS	
		PROGF	KAMS I	N YEAR			PROG		IN YEAR	
			÷ -					÷ ÷		-
			÷					÷		=
			÷		=			÷		=
			÷		=			÷		=
			÷		=			÷		-
	Add the DSEs	of each station	ITUTE-BASIS STA on. in line 3 of part 5 or		9,	Þ		0.00		
5	TOTAL NUMBI		: Give the amounts f o your system.	rom the boxes	in parts 2, 3, and	4 of this schedul	e and add them t	o provide t	he total	
Total Number	1. Number o	of DSEs from	part 2 ●				<u>►</u>		0.00	
of DSEs	2. Number o	of DSEs from	part 3 ●				<u>&gt;                                    </u>		0.00	
	3. Number c	of DSEs from	part 4 ●				•		0.00	
								[		
	TOTAL NUMBE	R OF DSEs						<b>&gt;</b>		0.00

DSE SCHEDULE. P	AGE 13.							ACCOUNTIN	G PERIOD: 2020/
	WNER OF CABLE S						S	YSTEM ID# 060969	Manaa
	ck A must be comp	•							
n block A:							0 (	_	6
schedule.		·		7 of the DSE sched	iule blank and	i complete part	o, (page 10) of the	e	U
If your answer if	"No," complete blo			TELEVISION M	ARKETS				Computation of
s the cable syster	n located wholly or			ler markets as defi		ction 76.5 of FC	CC rules and regul	ations in	3.75 Fee
ffect on June 24,									
_			O NOT COMP	LETE THE REMAI	INDER OF PA	ART 6 AND 7.			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR		MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Scheo	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t le 25, 1981. For fur le letter M below re Act of 2010.)	ther explanati	ion of permittee	d stations, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regul ed pursuant to	ations cited be o the FCC mar	sis on which you ca low pertain to thos ket quota rules [76 6.59(d)(1), 76.61(e	e in effect on 5.57, 76.59(b),	June 24, 1981 , 76.61(b)(c), 7	6.63(a) referring to	)	
	C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station prev	al educationa I station (76.6 r DSE schedu ant to individu viously carrie IHF station wi	Il station [76.59 65) (see paragr ule). Ial waiver of FC d on a part-tim ithin grade-B c	O(c), 76.61(d), 76.6 raph regarding sub CC rules (76.7) le or substitute bas contour, [76.59(d)(5	3(a) referring stitution of gra	to 76.61(d)] andfathered sta	ations in the	1	
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			orksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
					••••••				
		I						0.00	
		E	BLOCK C: CC	OMPUTATION OF	- 3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this :	schedule			ı <del></del>		
ine 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve			1.	-	
				of DSEs subject 7 of this schedule		rate.		0.00	
ine 4: Enter gro	oss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represe
ine 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here						partially permited/ partially nonpermitted
ine 6: Enter tota	al number of DSE	Es from line	3				×	-	carriage? If yes, see pa 9 instructions
ine 7: Multiply li	ine 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

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Blue Stream Communications, LLCSYSTEM ID#060969										
		1	BLOCK	( A: TELEV	ISION MARKET	S (CONTIN	IUED)			
	I. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computatio 3.75 Fee
										3.75 Fee
•••••										
••••										
						<b>.</b>				

-						DSE SCHEDULE. PAGE 14.					
Name	Blue Stream Co	NER OF CABLE SYSTI OMMUNICATIONS,				SYSTEM ID# 060969					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)         Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.         Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.         Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).         Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)         A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).         B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).         S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.         Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.         Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.         IMPORTANT: The information you give in c										
		PERMITTED DS	E FOR STATIONS CARE	RIED ON A PART-TIME 4	AND SUBSTITUTE BASIS						
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED					
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE					
_	Instructions: Block A	A must be completed			·	·					
7	In block A:	A must be completed									
Computation		"Yes," complete blog	cks B and C, below.								
of the		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	BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity			DECONTRAININGO								
Surcharge	<ul> <li>Is any portion of the of</li> </ul>	cable system within a	top 100 major television m	arket as defned by section	76.5 of FCC rules in effect	June 24, 1981?					
-	X Yes—Complete	e blocks B and C .		No—Proceed	to part 8						
		to part o									
	BLOCK B. C	arriage of VHE/Grad	e B Contour Stations	BLOCK C: Computation of Exempt DSEs							
		, v									
	Is any station listed in	•	e primary stream of a de B contour, in whole	,	Was any station listed in block B of part 7 carried in any commu-						
	or in part, over the ca				nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)						
		2	propriate permitted DSE		station below with its approp	riate permitted DSF					
		and proceed to part 8.			and proceed to part 8.						
		and proceed to part o.			and proceed to part of						
	CALL SIGN	DSE C	ALL SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE					
				1							
		тс	TAL DSEs 0.0	0	TOTAL I	DSEs 0.00					

DSE SCHED	ULE. PAGE15
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Blue Stream Communications, LLC	SYSTEM ID# 060969	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	250,702.00	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 defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	ε	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1) • \$		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the foure on line C in section 2) and enter here	_	
	F. Multiply line D by line E and enter here	_	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?           Image: system retransmit the signals of any partially distant television stations during the accounting period?		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

## ACCOUNTING PERIOD: 2020/1

ACCOUNTING PERIOD.	. 2020/1	DSE SCHEDULE. PAGE 16.							
Name	LEGAL NAM	TE OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID#							
Hamo	I	Blue Stream Communications, LLC 060969							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.							
8	6 was	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.							
Computation		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of	• If you	• 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							
Base Rate Fee	blank What i	s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
		cated within that station's local service area and others were located outside that area. For the definition of a station's "local							
	service	area," see page (v) of the general instructions.							
		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. No—Complete the following sections.							
	<b>0</b> "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.							
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section 3	If the figure in section 2 is <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts							
		(the amount in section 1)							
		B. Enter 0.00701 of gross receipts (the amount in section 1)							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee							

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Blue	Stream Communications, LLC 060969	Name
Soction	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
Section 4		0
	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) <b>▶</b>	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► \$	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) <b>S</b>	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
l	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee \$ 0.00	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals 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
		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number c	Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	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 loo compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
	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	Stations
	to that community.	
•	: 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	
the sar	ne token, the station is distant to the subscriber.)	
•	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	
subscr	ber groups.	
	n 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:		
	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.	
	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions a paper SA3 form.	
	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs	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 ctual calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID
Name	Blue Stream Communications, LLC	06096
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K. <b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	•
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNER Blue Stream Comm						s	69969 060969	Name
В				TE FEES FOR EACH		BER GROUP		
		SUBSCRIBER GROUP	2			9		
COMMUNITY/ AREA	Weston			COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Crundianted
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 250,	702.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$ SUBSCRIBER GROU	0.00	
	THIRD	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 Group \$ 0.00			0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add the	e base rate	e fees for each subscri	ber group a	s shown in the boxes a	bove.	e	0.00	
Enter here and in block	ວ, iine 1, s	pace L (page /)				\$	0.00	

Nam	060969	Ę				ons, LLC	municati	Blue Stream Com
				TE FEES FOR EAC				B
9		SUBSCRIBER GRO	SIXTH			SUBSCRIBER GROU	FIFTH	
Comput	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and Syndica								
Exclusiv						-		
Surchar								
for		-						
Partiall Distan								
Station								
		-						
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	iroup	Base Rate Fee First G
	UP	SUBSCRIBER GRO	EIGHTH		JP	SUBSCRIBER GROU	SEVENTH	
	0			COMMUNITY/ AREA	0			
	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA	0 DSE	CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
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		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		S		CALL SIGN	DSE	CALL SIGN		

Name	60969 060969	S				E SYSTEM: ons, LLC		Blue Stream Comn
				TE FEES FOR EACH				BI
9	UP 0	SUBSCRIBER GROU	TENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NINTH	COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate Exclusivi								
Surcharg						-		
for								
Partially								
Distant Stations								
Stations						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	¢	Group	Gross Receipts Second	0.00	e	aun	Gross Receipts First Gro
	0.00	\$	Gloup	Gloss Receipts Second	0.00	\$	oup	
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
		SUBSCRIBER GROU	TWELVTH			SUBSCRIBER GROU	EVENTH	EL
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00			Total DSEs	0.00			iotal DSEs
	0.00		Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	īotal DSEs Gross Receipts Third Gi

060969	S					NER OF CABL	Blue Stream Com
	IBER GROUP	SUBSCR	ATE FEES FOR EAC				
JP 0	SUBSCRIBER GRO	JRTEENTH	FC COMMUNITY/ AREA	OUP 0	SUBSCRIBER GR		THII COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	-						
	-				-		
	-						
					-		
	-						
					-		
	-				-		
	-				-		
0.00			Total DSEs	0.00			otal DSEs
0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	oss Receipts First Gr
0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	se Rate Fee First Gr
JP	SUBSCRIBER GRO	SIXTEENTH		OUP	SUBSCRIBER GR	FIFTEENTH	FI
0				0			
			COMMUNITY/ AREA	U		4	JMMUNITY/ AREA
DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	
	CALL SIGN	DSE			CALL SIGN		
	CALL SIGN	DSE			CALL SIGN		
	CALL SIGN	DSE			CALL SIGN		
	CALL SIGN	DSE			CALL SIGN		
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	CALL SIGN	DSE			CALL SIGN		
	CALL SIGN	DSE			CALL SIGN		CALL SIGN
	S		CALL SIGN		CALL SIGN		CALL SIGN
0.00		Group	CALL SIGN	DSE		DSE	OMMUNITY/ AREA CALL SIGN CALL SIGN Dital DSEs ross Receipts Third G ase Rate Fee Third G

	ations, LLC					060969
	A: COMPUTATION C				IBER GROUP	UP
DMMUNITY/ AREA		0	COMMUNITY/ ARE			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
al DSEs	1	0.00	Total DSEs		11	0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
	TH SUBSCRIBER GRO				I SUBSCRIBER GRO	
	TH SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0
MMUNITY/ AREA			COMMUNITY/ ARE		I SUBSCRIBER GRO	
IMUNITY/ AREA		0		A	1	0
MMUNITY/ AREA		0		A	1	0
IMUNITY/ AREA		0		A	1	0
IMUNITY/ AREA		0		A	1	0
MMUNITY/ AREA		0		A	1	0
MMUNITY/ AREA		0		A	1	0
MMUNITY/ AREA		0		A	1	0
MMUNITY/ AREA		0		A	1	0
DMMUNITY/ AREA		0		A	1	0
DMMUNITY/ AREA		0		A	1	0
MMUNITY/ AREA		0		A	1	0
MMUNITY/ AREA		0		A	1	0
DMMUNITY/ AREA		0 DSE	CALL SIGN	A DSE	1	0 DSE
DMMUNITY/ AREA	CALL SIGN	0 DSE	CALL SIGN	A DSE	CALL SIGN	0 DSE

	ations, LLC					060969
	A: COMPUTATION C				SUBSCRIBER GRO	UP
COMMUNITY/ AREA		0	COMMUNITY/ ARE/	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.00	Total DSEs			0.00
tal DSEs oss Receipts First Group	¢.	0.00	Gross Receipts Sec	and Crown	\$	0.00
	\$	0.00	Gloss Receipts Sect		\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	RD SUBSCRIBER GRO		H		I SUBSCRIBER GRO	
	RD SUBSCRIBER GRO	DUP 0			I SUBSCRIBER GRO	UP 0
MMUNITY/ AREA			H		I SUBSCRIBER GRO	
MMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
MMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
MMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
MMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
MMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
MMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
DMMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
DMMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
OMMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
MMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
DMMUNITY/ AREA		0	COMMUNITY/ ARE/	۹	1	0
DMMUNITY/ AREA		0 DSE	COMMUNITY/ ARE/		1	0 DSE
OMMUNITY/ AREA	CALL SIGN	0 DSE 0.00	COMMUNITY/ ARE/	A DSE	CALL SIGN	0 DSE

Blue Stream Communica	BLE SYSTEM: ations, LLC					698500 SYSTEM ID# 060969
			ATE FEES FOR EAC			
	H SUBSCRIBER GRO	0	COMMUNITY/ ARE/		1 SUBSCRIBER GRO	0P 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.00				0.00
otal DSEs oss Receipts First Group	\$	0.00	Total DSEs Gross Receipts Seco	and Group	\$	0.00
	ф —	0.00			<u>\$</u>	0.00
ise Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	H SUBSCRIBER GRO				I SUBSCRIBER GRO	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs		0.00	Total DSEs			0.00
	S	0.00	Total DSEs Gross Receipts Four	th Group		0.00
Dotal DSEs ross Receipts Third Group	S S				S	

lue Stream Communica	ELE SYSTEM: tions, LLC					SYSTEM ID# 060969
			ATE FEES FOR EAC			
TWENTY-NINT OMMUNITY/ AREA	H SUBSCRIBER GROUP		THIRTIETH SUBSCRIBER GRO			UP 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					•	
al DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
THIRTY-FIRS	T SUBSCRIBER GRO	DUP	THIR	TY-SECONE	) SUBSCRIBER GRO	UP
MMUNITY/ AREA		0	COMMUNITY/ AREA	۹		0
		DSE	CALL SIGN	DSE	П	
ALL SIGN DSE	CALL SIGN	DSL		DSE	CALL SIGN	DSE
ALL SIGN DSE				DSE		DSE
ALL SIGN DSE					CALL SIGN	DSE
ALL SIGN DSE			· · · · · · · · · · · · · · · · · · ·		CALL SIGN	DSE
ALL SIGN DSE					CALL SIGN	DSE
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ALL SIGN DSE					CALL SIGN	DSE
ALL SIGN DSE					CALL SIGN	DSE
		0.00	Total DSEs		CALL SIGN	DSE
ALL SIGN DSE	<u>S</u>				S	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP         THIRTY-THIRD SUBSCRIBER GROUP         COMUNITY/ AREA       0         CALL SIGN       DSE         Computition       S         Computition       S         Computition       S         Computition       S         Computition       S         Call DSEs       0.00         Gross Recelpts First Group       S         See Rate Fee First Group       S         CALL SIGN       DSE         CALL SIGN       DSE	EGAL NAME OF OWNER OF CAB Blue Stream Communicat						698500 SYSTEM ID# 060969
COMMUNITY/ AREA         O         COMMUNITY/ AREA         O           CALL SIGN         DSE         COMMUNITY/ AREA         O         COMMUNITY/ A							
ordal DSEs       0.00         Total DSEs       0.00         Gross Receipts First Group       \$         Sinoss Receipts First Group       \$         Sinoss Receipts First Group       \$         Sinoss Receipts First Group       \$         OLL SIGN       DSE         CALL SIGN       DSE         COMUNITY/ AREA       O		) SUBSCRIBER GRO					
Image: Second Group	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
iross Receipts First Group <u>\$ 0.00</u> asee Rate Fee First Group <u>\$ 0.00</u> THIRTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN							
income							
income							
s       0.00       Gross Receipts Second Group       s       0.00         ase Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Autor       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Autor       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Autor       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Autor       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Autor       DSE       DSE       DSE       CALL SIGN       DSE       CALL SIGN       DSE <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
oss Receipts First Group       s       0.00       gross Receipts Second Group       s       0.00         see Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         DMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIG							
sss Receipts First Group       s       0.00         se Rate Fee First Group       g       0.00         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         MMUNITY/ AREA       0         COMMUNITY/ AREA       0         CALL SIGN       DSE         CALL SIGN							
bits Receipts First Group       s       0.00         se Rate Fee First Group       s       0.00         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         MMUNITY/ AREA       0       COMMUNITY/ AREA       0         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Intervention       Intervention       Intervention       Intervention       Intervention       Intervention         Intervention       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Intervention       Intervention       Intervention       Intervention       Intervention       Intervention       Intervention         Intervention       DSE       CALL SIGN       DSE       CALL SIGN       DSE       Intervention         Intervention       Intervention       Intervention       Intervention       Intervention       Intervention       Intervention         Intervention       Intervention       Intervention       Intervention       Intervention       Intervention       Intervention         I							
oss Receipts First Group       s       0.00       gross Receipts Second Group       s       0.00         se Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s       0.00         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         DMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL S							
ss Receipts First Group       s       0.00         se Rate Fee First Group       g       0.00         HIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         COMMUNITY/ AREA       0         CALL SIGN       DSE         CALL SIGN							
ss Receipts First Group       s       0.00         se Rate Fee First Group       g       0.00         HIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         COMMUNITY/ AREA       0         CALL SIGN       DSE         CALL SIGN							
oss Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         ise Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         DMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         La SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         La SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         La SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         La SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         La SIGN       DSE       CAL							
sss Receipts First Group       s       0.00         se Rate Fee First Group       s       0.00         HIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         MMUNITY/ AREA       0         COMMUNITY/ AREA       0         CALL SIGN       DSE         CALL SIGN       D							
Isse Rate Fee First Group       Image: Second	tal DSEs		0.00	Total DSEs			0.00
THIRTY-FIFTH SUBSCRIBER GROUP       THIRTY-SIXTH SUBSCRIBER GROUP         DMMUNITY/ AREA       0         CALL SIGN       DSE         CALL SIGN <td>oss Receipts First Group</td> <td>\$</td> <td>0.00</td> <td>Gross Receipts Seco</td> <td>nd Group</td> <td>\$</td> <td>0.00</td>	oss Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
OMMUNITY/ AREA       O       COMMUNITY/ AREA       O         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE         Call DSES       0.00       Total DSEs       0.00       Call SIGN       Call SIGN	se Rate Fee First Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00
CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Sign in the stress of	THIRTY-FIFT	SUBSCRIBER GRO	UP	ТН	IRTY-SIXTH	H SUBSCRIBER GRO	UP
tal DSEs	DMMUNITY/ AREA		0	COMMUNITY/ AREA			0
	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
ross Receipts Third Group <u>\$ 0.00</u> Gross Receipts Fourth Group <u>\$ 0.00</u>			0.00	Total DSEs			0.00
	otal DSEs			П		e	0.00
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		\$	0.00	Gross Receipts Fourt	h Group	Ф	0.00

Stream Communications, LLC				SYSTEM ID# 060969
BLOCK A: COMPUTATION OF BASE				
THIRTY-SEVENTH SUBSCRIBER GROUP	-	COMMUNITY/ AREA		
L SIGN DSE CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE
			n <mark>-</mark>	
DSEs 0.00	0 Total DSEs			0.00
Receipts First Group \$ 0.00	0 Gross Receipts Seco	ond Group	\$	0.00
Rate Fee First Group \$ 0.00	0 Base Rate Fee Seco	ond Group	\$	0.00
THIRTY-NINTH SUBSCRIBER GROUP		FORTIETH	I SUBSCRIBER GRO	UP
/UNITY/ AREA	0 COMMUNITY/ AREA	<i>۱</i>		0
L SIGN DSE CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE
·····				
		•••••	• H	·····
			n	
DSEs 0.00	0_ Total DSEs			0.00
DSEs 0.00 Receipts Third Group \$ 0.00	—	th Group		0.00

969								
	JP	IBER GROUP SUBSCRIBER GRO		TE FEES FOR EAC		COMPUTATION O SUBSCRIBER GRO		
0				COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DS	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
						-		
0	0.0			Total DSEs	0.00			al DSEs
0	0.0	\$	d Group	Gross Receipts Seco	0.00	\$	Group	ss Receipts First G
0	0.0	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	se Rate Fee First G
0		\$	-			\$		
0			-			L'		FOR
0			-	FOR	UP	L'		FOR IMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR IMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR IMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR IMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MMUNITY/ AREA
0	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MMUNITY/ AREA
0 E	JP	SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	RTY-THIRD	FOR MMUNITY/ AREA ALL SIGN
0 E 		SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA CALL SIGN		SUBSCRIBER GRO	DSE	FOR MMUNITY/ AREA ALL SIGN ALL SIGN
0 E 		SUBSCRIBER GRO	Y-FOURTH	FOR COMMUNITY/ AREA CALL SIGN	UP 0 DSE 0	SUBSCRIBER GRO	RTY-THIRD	se Rate Fee First G

	BLE SYSTEM: ations, LLC					SYSTEM ID# 060969
			ATE FEES FOR EAC			
FORTY-FIF	TH SUBSCRIBER GRO	0UP 0	FORTY-SIXTH SUBSCRIBER GROU			UP 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	TH SUBSCRIBER GRO		11		I SUBSCRIBER GRO	
DMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			· · · · · · · · · · · · · · · · · · ·			
tal DSEs		0.00	Total DSEs			0.00
	<ul> <li></li></ul>	0.00	Total DSEs Gross Receipts Four	th Group	<ul> <li></li></ul>	0.00
tal DSEs oss Receipts Third Group	<ul> <li></li></ul>			th Group		

SYSTEM ID# 060969						NER OF CABL	Blue Stream Com
			TE FEES FOR EACH				
0 0	SUBSCRIBER GRO	FIFTIETH	COMMUNITY/ AREA	0 0	SUBSCRIBER GRO		FOF COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					-		
					-		
					-		
0.00	LI		Total DSEs	0.00			otal DSEs
0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	ross Receipts First G
0.00	\$	nd Group	Base Rate Fee Second	0.00	\$	Group	ase Rate Fee First G
UP	SUBSCRIBER GRO	Y-SECOND		UP	SUBSCRIBER GRO	FIFTY-FIRST	FI
		POLOOND		0			
0			COMMUNITY/ AREA	0			DMMUNITY/ AREA
	CALL SIGN	DSE		0 DSE	CALL SIGN		
0	CALL SIGN	1	COMMUNITY/ AREA				
0	CALL SIGN	1	COMMUNITY/ AREA				
0	CALL SIGN	1	COMMUNITY/ AREA				
0	CALL SIGN	1	COMMUNITY/ AREA				
0	CALL SIGN	1	COMMUNITY/ AREA				
0	CALL SIGN	1	COMMUNITY/ AREA				
0	CALL SIGN	1	COMMUNITY/ AREA				
0	CALL SIGN	1	COMMUNITY/ AREA				
0		1	COMMUNITY/ AREA				
0		1	COMMUNITY/ AREA				
0		1	COMMUNITY/ AREA				CALL SIGN
0 DSE	S	DSE	COMMUNITY/ AREA CALL SIGN				CALL SIGN
0 DSE		DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	Group	OMMUNITY/ AREA

Blue Stream Communica	BLE SYSTEM: ations, LLC					SYSTEM ID# 060969
	A: COMPUTATION (					
FIFTY-THIF	) SUBSCRIBER GROUP		FIFTY-FOURTH		1 SUBSCRIBER GRO	0 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					• <mark></mark>	
tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTY-FIF	TH SUBSCRIBER GRO	OUP		FIFTY-SIXTH	H SUBSCRIBER GRO	UP
MMUNITY/ AREA		0	COMMUNITY/ ARE	۹		0
	H					
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
ALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
ALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
ALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
ALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
ALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN				CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE			CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN				CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN				CALL SIGN	DSE
CALL SIGN DSE	CALL SIGN	DSE		DSE DSE	CALL SIGN	DSE
	CALL SIGN	0.00	CALL SIGN		CALL SIGN	DSE
tal DSEs	CALL SIGN				S	
CALL SIGN DSE		0.00	Total DSEs	th Group		0.00

Stream Communications, LLC				S	VSTEM ID# 060969
BLOCK A: COMPUTATION OF BAS	SE RATE				
FIFTY-SEVENTH SUBSCRIBER GROUP	<b>0</b> C	FIF1 OMMUNITY/ AREA	SUBSCRIBER GROU	JP 0	
_ SIGN DSE CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE
DSEs0.	. <b>00</b> To	otal DSEs			0.00
Receipts First Group \$ 0.	. <b>00</b> G	ross Receipts Secon	d Group	\$	0.00
Rate Fee First Group \$ 0.	.00 в	ase Rate Fee Second	d Group	\$	0.00
FIFTY-NINTH SUBSCRIBER GROUP			SIXTIETH	SUBSCRIBER GROU	JP
IUNITY/ AREA	<b>0</b> C	OMMUNITY/ AREA			0
_ SIGN DSE CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				-	
DSEs		otal DSEs			0.00
		otal DSEs ross Receipts Fourth	Group	s	

	ABLE SYSTEM: ations, LLC					SYSTEM ID# 060969
	A: COMPUTATION (		П			
SIXTY-FIR	ST SUBSCRIBER GRO	OUP 0	SIXTY-SECOND SUBSCRIBER GRO			UP 0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00
	- <b>-</b>			ing croup	·	
se Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	RD SUBSCRIBER GRO		11		I SUBSCRIBER GRO	
OMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
•••••••						
			· · · · · · · · · · · · · · · · · · ·			
tal DSEs		0.00	Total DSEs			0.00
notal DSEs ross Receipts Third Group	<u>s</u>	0.00	Total DSEs Gross Receipts Four	th Group	<u>s</u>	0.00

	SYSTEM ID: 060969							EGAL NAME OF OWNER
				TE FEES FOR EACH				
0		SUBSCRIBER GRO	SIXTY-SIXTH SUBSCRIBER			SUBSCRIBER GROU	TY-FIFTH	SIX COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
В								
		-						
		-						
							-	
		-						
		-						
<u>)</u>	0.00			Total DSEs	0.00			tal DSEs
2	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	oss Receipts First Gr
5	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>ise Rate Fee</b> First Gr
=								
	JP	SUBSCRIBER GRO	TY-EIGHTH	SIX	JP	SUBSCRIBER GROU	SEVENTH	SIXTY-S
0	JP 0	SUBSCRIBER GRO	TY-EIGHTH	SIX <sup>-</sup> COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	SEVENTH	
		SUBSCRIBER GRO	TY-EIGHTH	1		SUBSCRIBER GROU	DSE	MMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	MMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	MMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	MMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	MMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	DMMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	DMMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	DMMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	OMMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	OMMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	DMMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	DMMUNITY/ AREA
	0		1	COMMUNITY/ AREA	0		1	DMMUNITY/ AREA
	0 DSE		DSE	COMMUNITY/ AREA CALL SIGN	0 DSE		DSE	DMMUNITY/ AREA
	0	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	0 DSE 	CALL SIGN	DSE	SIXTY-S OMMUNITY/ AREA CALL SIGN CALL SIGN

ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN	Blue Stream Communicati	E SYSTEM: ions, LLC					SYSTEM ID# 060969
MMUNITY/ AREA       0       COMMUNITY/ AREA       0         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         al DSEs       0.00       Total DSEs       0.00       server pisson of coup       \$       0.00         se Receipts First Group       3       0.00       Gross Receipts Second Group       \$       0.00         se Rate Fee First Group       3       0.00       Base Rate Fee Second Group       \$       0.00         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP       O       COMMUNITY/ AREA       0         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         al DSEs       0.00       Total DSEs       0.00       Intel DSEs       0.00         al DSEs       0.00       Total DSEs       0.00       Intel DSEs       0.00         al DSEs       0.00       Total DSEs       0.00       Intel DSEs       0.00							
ALL SIGN       DSE       CALL SIGN       CALL SIGN       DSE       CALL SIGN </th <th>SIXTY-NINTH</th> <th>SUBSCRIBER GRC</th> <th></th> <th>1</th> <th></th> <th>1 SUBSCRIBER GRO</th> <th></th>	SIXTY-NINTH	SUBSCRIBER GRC		1		1 SUBSCRIBER GRO	
al DSEs       0.00       Total DSEs       0.00         se Raceipts First Group       \$       0.00         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP         SEVENTY-FIRST SUBSCRIBER GROUP       SEVENTY-SECOND SUBSCRIBER GROUP         ALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE         ALL SIGN       DSE       CALL SIGN       DSE         ALS IGN       DSE       CALL SIGN       DSE         ALS	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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Blue Stream Communica	BLE SYSTEM: ations, LLC					SYSTEM ID# 060969
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se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
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LEGAL NAME OF OWNER Blue Stream Comm								
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COMMUNITY/ AREA	IMUNITY/ AREA 0			COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

		IBER GROUP	I SUBSCR	TE FEES FOR EAU	F BASE RA	COMPUTATION C	BLOCK A:	
		H SUBSCRIBER GROUP	1	ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP				
Comp	0	TY/ AREA 0 COMMUNITY/ AREA 0				OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		H SUBSCRIBER GROUP	ED SIXTIETH		2			
			ED OIXTIETT	ONE HUNDI	-	SUBSCRIBER GROU	FIFTY-NINTH	ONE HUNDRED F
)	0			ONE HUNDI	0	SUBSCRIBER GROU		
) 	0 DSE	CALL SIGN				SUBSCRIBER GROU		DMMUNITY/ AREA
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		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			ONE HUNDRED F
		CALL SIGN	1	COMMUNITY/ AREA	0			OMMUNITY/ AREA
		CALL SIGN	1	COMMUNITY/ AREA	0			DMMUNITY/ AREA
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			DSE	COMMUNITY/ AREA CALL SIGN	0 DSE			OMMUNITY/ AREA
			DSE	COMMUNITY/ AREA CALL SIGN	0 DSE		DSE	DMMUNITY/ AREA

LEGAL NAME OF OWNE						S	YSTEM ID# 060969	Name
В				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA	REA Weston COMMUNITY/ AREA 0					Computation		
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								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 250	,702.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
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	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group a	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

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	060969							
9		SUBSCRIBER GROU	SIXTH	 		SUBSCRIBER GRO	FIFTH	
Computa				COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		. <u>.</u>	- 1				- 1	1 -
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	<b>ase Rate Fee</b> First G
				Base Rate Fee Secon				
	UP	\$ SUBSCRIBER GROU			UP	\$ SUBSCRIBER GROU	SEVENTH	
				Base Rate Fee Secon			SEVENTH	
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	UP				UP		SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	OMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP           TENTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0         COMMUNITY/ AREA         0           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Call SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE           Total DSEs         0.00         S         0.00         S<							060969	
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CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN         CALL SIGN       DSE       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN         CALL SIGN       DSE       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN       CALL SIGN         Cold DSE       O.00       Sonon       Sonon       Sonon       Sonon       Sonon       Sonon       Sonon         Sasee Rate Fee First Group       \$ <td< th=""><th></th><th>H SUBSCRIBER GRC</th><th></th><th></th><th></th><th>1 SUBSCRIBER GRO</th><th></th><th>9</th></td<>		H SUBSCRIBER GRC				1 SUBSCRIBER GRO		9
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Image: Second Group Signed Second Group Signed Group	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$       0.00         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$       0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP       0       0         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0       0								Base Rat
sincess Receipts First Group       s       0.00         Gross Receipts Second Group       s       0.00         Base Rate Fee First Group       s       0.00         ELEVENTH SUBSCRIBER GROUP       TWELVTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0								and
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	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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ross Receipts Third Group <u>\$ 0.00</u> Gross Receipts Fourth Group <u>\$ 0.00</u>	ross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
			]					
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	ase Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

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Dis								
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oui						-	-	
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	UP 0	SUBSCRIBER GRO	WENTIETH	COMMUNITY/ AREA	JP 0		NTEENTH	NIN DMMUNITY/ AREA
	UP 0	SUBSCRIBER GRO	WENTIETH	COMMUNITY/ AREA	JP 0		NTEENTH	NIN DMMUNITY/ AREA
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LEGAL NAME OF OWNEF Blue Stream Comm							3YSTEM ID# 060969	Name
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	TWENTY-FIFTH SUBSCRIBER GROUP			TI	NTY-SIXTH	H SUBSCRIBER GROU		9
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# ACCOUNTING PERIOD: 2020/1

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LEGAL NAME OF OWNE Blue Stream Com						S	615333333333333333333333333333333333333	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Blue Stream Communications, LLC       060969							
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Name	GAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       ue Stream Communications, LLC     060969							
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