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

| A                 | ACCOUNTING PERIOD COVERED BY 1   | THIS STATEMENT:                   |                            |                                    |              |        |  |  |  |  |  |
|-------------------|--|-----------------------------------|----------------------------|------------------------------------|--------------|--------|--|--|--|--|--|
| Accounting        | 2020/1   |                                   |                            |                                    |              |        |  |  |  |  |  |
| Period            |  |                                   |                            |                                    |              |        |  |  |  |  |  |
| В                 | Instructions:  |                                   |                            |                                    |              |        |  |  |  |  |  |
| D<br>Owner        | Give the full legal name of the owner of the cab<br>rate title of the subsidiary, not that of the parent corp  |                                   | subsidiary of anothe       | er corporation, give the full cor  | po-          |        |  |  |  |  |  |
| Owner             | List any other name or names under which the   |                                   | s of the cable syste       | m.                                 |              |        |  |  |  |  |  |
|                   | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit<br>a single statement of account and royalty fee payment covering the entire accounting period. |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <b>006230</b>  |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | CABLE ONE, INC.  | OF GABLE OF OTEM                  |                            |                                    |              |        |  |  |  |  |  |
|                   |  |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   |  |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   |  |                                   |                            |                                    | 006230       | 020201 |  |  |  |  |  |
|                   |  |                                   |                            |                                    | 006230       | 2020/1 |  |  |  |  |  |
|                   |  |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | 210 E. EARLL DRIVE   |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | PHOENIX, AZ 85012-2626   |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | -  |                                   |                            |                                    |              |        |  |  |  |  |  |
| С                 | INSTRUCTIONS: In line 1, give any business on<br>names already appear in space B. In line 2, give  |                                   |                            |                                    |              |        |  |  |  |  |  |
| System            | IDENTIFICATION OF CABLE SYSTEM:  |                                   |                            |                                    |              |        |  |  |  |  |  |
| -                 | 1 SPARKLIGHT   |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | MAILING ADDRESS OF CABLE SYSTEM:   |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | 230 5TH AVENUE   |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | 2 (Number, street, rural route, apartment, or suite number)<br>MCCOMB, MS 39648  |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | (City, town, state, zip code)  |                                   |                            |                                    |              |        |  |  |  |  |  |
| D                 | Instructional For complete appear D instruction  | na ana naga 1h. Idantifu          | anly the frat com          | munity conved below and re         | list on nor  |        |  |  |  |  |  |
| _                 | Instructions: For complete space D instruction<br>with all communities.  | ns, see page 1b. Identity         | only the irst com          | nunity served below and re         | elist on pag | je ib  |  |  |  |  |  |
| Area<br>Served    | CITY OR TOWN   |                                   | STATE                      |                                    |              |        |  |  |  |  |  |
| First             | BROOKHAVEN   |                                   | MS                         |                                    |              |        |  |  |  |  |  |
| Community         | Below is a sample for reporting communities  |                                   | -                          | Space G                            |              |        |  |  |  |  |  |
|                   | CITY OR TOWN (SAMPLE)  |                                   | STATE                      | CH LINE UP                         | SUB          | GRP#   |  |  |  |  |  |
| Sample            | Alda   |                                   | MD                         | Α                                  |              | 1      |  |  |  |  |  |
| Sample            | Alliance   |                                   | MD                         | В                                  |              | 2      |  |  |  |  |  |
|                   | Gering   |                                   | MD                         | В                                  |              | 3      |  |  |  |  |  |
| Brivaov Act Notio | Section 111 of title 17 of the United States Code outbarize  | as the Convight Office to college | t the nerecenally identify | ing information (DII) requested or | thic         |        |  |  |  |  |  |
| -                 | Section 111 of title 17 of the United States Code authorize<br>ess your statement of account. PII is any personal informat   |                                   |                            |                                    |              |        |  |  |  |  |  |
|                   | g PII, you are agreeing to the routine use of it to establish  |                                   |                            | •                                  |              |        |  |  |  |  |  |
|                   | red for the public. The effect of not providing the PII reques<br>statements of account, and it may affect the legal suffcience  | • • •                             | • •                        | •                                  | ne           |        |  |  |  |  |  |
| ,                 | ,,   | , ,,                              |                            |                                    |              |        |  |  |  |  |  |

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/28/20

### U.S. Copyright Office

| FORM | SA3F  | PAGE  | 1b  |
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|      | UAUL. | I AOL | ID. |

| FORM SA3E. PAGE 1b.   |                  |            |            | 1                      |  |  |  |  |  |
|---|------------------|------------|------------|------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                  |            | SYSTEM ID# |                        |  |  |  |  |  |
| CABLE ONE, INC.   |                  |            | 006230     |                        |  |  |  |  |  |
| <b>Instructions:</b> 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. |                  |            |            |                        |  |  |  |  |  |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.  |                  |            |            |                        |  |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the   |                  |            |            |                        |  |  |  |  |  |
| on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).  |                  |            |            |                        |  |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be   | a subscriber gro |            |            |                        |  |  |  |  |  |
| CITY OR TOWN  | STATE            | CH LINE UP | SUB GRP#   |                        |  |  |  |  |  |
| BROOKHAVEN  | MS               | AA         | 1          | First                  |  |  |  |  |  |
| LINCOLN COUNTY  | MS               | AA         | 1          | Community              |  |  |  |  |  |
| MAGNOLIA  | MS               | AA         | 2          |                        |  |  |  |  |  |
| MCCOMB  | MS               | AA         | 2          |                        |  |  |  |  |  |
| PIKE COUNTY   | MS               | AA         | 2          |                        |  |  |  |  |  |
| SUMMIT  | MS               | AA         | 2          | See instructions for   |  |  |  |  |  |
| WESSON  | MS               | AA         | 1          | additional information |  |  |  |  |  |
|   |                  |            |            | on alphabetization.    |  |  |  |  |  |
|   | •                |            |            |                        |  |  |  |  |  |
|   |                  |            |            |                        |  |  |  |  |  |
|   |                  |            |            |                        |  |  |  |  |  |
|   |                  |            |            | Add rows as necessary. |  |  |  |  |  |
|   |                  |            |            |                        |  |  |  |  |  |
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| News                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |  |            |                      |            |                      |              |                 |        |  |  |
|-------------------------------|---|--|------------|----------------------|------------|----------------------|--------------|-----------------|--------|--|--|
| Name                          | CABLE ONE, INC.   |  |            |                      |            |                      |              |                 | 00623  |  |  |
| _                             | SECONDARY TRANSMISSION  | SERVICE: S   | UBSCI      | RIBERS AND R         | ATES       |                      |              |                 |        |  |  |
| E                             | In General: The information in s  |  |            | -                    | -          | ry transmission      | service of   | the cable       |        |  |  |
|                               | system, that is, the retransmissi   |  |            |                      |            |                      |              |                 |        |  |  |
| Secondary                     | about other services (including   | • •  |            |                      | •          |                      | those exis   | sting on the    |        |  |  |
| Transmission                  | last day of the accounting period<br>Number of Subscribers: Bot   |  |            |                      |            |                      | able evetor  | n brokon        |        |  |  |
| Service: Sub-<br>scribers and |   |  |            |                      |            |                      |              |                 |        |  |  |
| Rates                         | down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged                    |  |            |                      |            |                      |              |                 |        |  |  |
|                               | separately for the particular service   | vice at the rate   | indicat    | ted—not the nur      | nber of se | ets receiving ser    | vice).       | -               |        |  |  |
|                               | Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the  |  |            |                      |            |                      |              |                 |        |  |  |
|                               | unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate  |  |            |                      |            |                      |              |                 |        |  |  |
|                               | category, but do not include discounts allowed for advance payment.<br>Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category  |  |            |                      |            |                      |              |                 |        |  |  |
|                               | that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | first set" and would be counted once again under "Service to additional set(s)."  |  |            |                      |            |                      |              |                 |        |  |  |
|                               | <b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together |  |            |                      |            |                      |              |                 |        |  |  |
|                               | with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | sufficient.   |  | Service is |                      |            |                      |              |                 |        |  |  |
|                               | BLO   | OCK 1  |            |                      | BLOCK 2    |                      |              | K 2             |        |  |  |
|                               |   | NO. OF   |            |                      |            |                      |              | NO. OF          |        |  |  |
|                               | CATEGORY OF SERVICE   | SUBSCRIB   | ERS        | RATE                 | CATE       | EGORY OF SEI         | RVICE        | SUBSCRIBERS     | RATE   |  |  |
|                               | Residential:  |  |            |                      |            |                      |              |                 |        |  |  |
|                               | Service to first set  |  | 2,968      | \$ 40.00             | NON-ST     | ANDARD               |              | 40              | \$5.   |  |  |
|                               | • Service to additional set(s)  |  | 5,936      |                      |            |                      |              |                 |        |  |  |
|                               | • FM radio (if separate rate)   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | Motel, hotel<br>Commercial  |  |            |                      |            |                      |              |                 |        |  |  |
|                               | Converter   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | Residential   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | Non-residential   |  |            |                      |            |                      |              |                 |        |  |  |
|                               |   |  |            |                      |            |                      |              |                 |        |  |  |
|                               | SERVICES OTHER THAN SEC   |  |            |                      | 2          |                      |              |                 |        |  |  |
| _                             | In General: Space F calls for ra  |  |            |                      | -          | all your cable sy    | stem's ser   | vices that were |        |  |  |
| F                             | not covered in space E, that is,  |  | ,          |                      | •          | • •                  |              |                 |        |  |  |
|                               | service for a single fee. There a   |  |            |                      |            |                      |              |                 |        |  |  |
| Services                      | furnished at cost or (2) services   |  |            |                      |            |                      |              |                 |        |  |  |
| Other Than<br>Secondary       | amount of the charge and the un<br>enter only the letters "PP" in the   |  | s usual    | ly billed. If any ra | ates are c | harged on a vai      | riable per-p | orogram basis,  |        |  |  |
| ansmissions:                  | 5   |  | the cat    | ole system for ea    | ach of the | applicable serv      | ices listed. |                 |        |  |  |
| Rates                         |   | <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not |            |                      |            |                      |              |                 |        |  |  |
|                               | listed in block 1 and for which a   | separate char  | ge was     | made or establ       | ished. Lis | t these other se     | rvices in th | e form of a     |        |  |  |
|                               | brief (two- or three-word) descri   | ption and inclu  | de the     | rate for each.       |            |                      |              |                 |        |  |  |
|                               |   | BLO  | CK 1       |                      |            |                      |              | BLOCK 2         |        |  |  |
|                               | CATEGORY OF SERVICE   | RATE   | CATE       | GORY OF SER          | VICE       | RATE                 | CATEGO       | RY OF SERVICE   | RATE   |  |  |
|                               | Continuing Services:  |  | Instal     | lation: Non-res      | idential   |                      | TIER-2       |                 | \$ 30. |  |  |
|                               | • Pay cable   | \$ 17.00   | • Mo       | otel, hotel          |            |                      | TIER         |                 | \$ 40. |  |  |
|                               | <ul> <li>Pay cable—add'l channel</li> </ul>   |  | • Co       | ommercial            |            |                      | ESPANC       | DL DIGITAL      | \$ 3.  |  |  |
|                               | <ul> <li>Fire protection</li> </ul>   |  |            | ay cable             |            |                      | DVP          |                 | \$ 15. |  |  |
|                               | <ul> <li>Burglar protection</li> </ul>  |  |            | ay cable-add'l ch    | annel      |                      |              |                 |        |  |  |
|                               | Installation: Residential   |  |            | re protection        |            |                      |              |                 |        |  |  |
|                               | • First set   | \$ 90.00   |            | urglar protection    |            |                      |              |                 |        |  |  |
|                               | <ul> <li>Additional set(s)</li> </ul>   | \$ 60.00   |            | services:            |            |                      |              |                 |        |  |  |
|                               | • FM radio (if separate rate)   |  |            | econnect             |            | \$ 60.00             |              |                 |        |  |  |
|                               | Converter   |  | • Di       | sconnect             |            |                      |              |                 |        |  |  |
|                               |   |  | Disconnect |                      |            |                      |              |                 |        |  |  |
|                               |   |  |            | utlet relocation     |            | \$ 60.00<br>\$ 60.00 |              |                 |        |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID |  |               |                     |                    |  |   |  |  |
|--|--|---------------|---------------------|--------------------|--|---|--|--|
| CABLE ONE, INC. 006230                         |  |               |                     |                    |  |   |  |  |
|  | NITTERS: TELEVISIO                           |               |                     |                    |  |   |  |  |
| •  |  | •             | · · ·               |                    | ns and low power television stations)<br>ed only on a part-time basis undei    | G   |  |  |
|  |  |               | • ·                 | . ,                | rtain network programs [section:   |   |  |  |
|  |  |               | , U                 | 61(e)(2) and (4))] | ; and (2) certain stations carried on a  | Primary                                       |  |  |
|  | n basis, as explaine<br>sis Stations: With I |               |                     | s carried bv vour  | cable system on a substitute progran   | Transmitters:<br>Television                   |  |  |
|  | c FCC rules, regula                          | •             | •                   |                    |  |   |  |  |
|  | ation here in space<br>ried only on a subs   |               | st it in space I (t | he Special Stater  | nent and Program Log)—if the   |   |  |  |
|  |  |               | ation was carrie    | d both on a subs   | titute basis and also on some othe   |   |  |  |
| basis. For furth                               | er information conc                          |               |                     |                    | of the general instructions located  |   |  |  |
| in the paper SA                                |  | sian Do not   | report originatio   | n program servic   | es such as HBO, ESPN, etc. Identify  |   |  |  |
|  |  | -             | •                   |                    | ation. For example, report multi   |   |  |  |
|  |  | streams mus   | t be reported in    | column 1 (list ea  | ch stream separately; for example  |   |  |  |
| WETA-simulcast).<br>Column 2: Give             |  | ber the FCC I | has assigned to     | the television sta | ation for broadcasting over-the-air ir   |   |  |  |
|  |  |               | -                   |                    | s may be different from the channe   |   |  |  |
|  | le system carried th                         |               | tation is a notw    | ork station on in  | dependent station, or a noncommercia   |   |  |  |
|  |  |               |                     |                    | icast), "I" (for independent), "I-M  |   |  |  |
| (for independent m                             | nulticast), "E" (for n                       | oncommercia   | al educational),    | or "E-M" (for non  | commercial educational multicast)  |   |  |  |
|  |  |               |                     |                    | the paper SA3 form<br>Yes". If not, enter "No". For an ex                      |   |  |  |
|  | service area, see pa                         |               |                     |                    |  |   |  |  |
| •  |  |               | •                   |                    | , stating the basis on which you   |   |  |  |
| •  | ed the distant station station on a part-til | -             | • ·                 | •                  | ntering "LAC" if your cable syster<br>I capacity                               |   |  |  |
|  |  |               |                     |                    | ity payment because it is the subjec   |   |  |  |
| •  |  |               |                     |                    | ystem or an association representin  |   |  |  |
| •  |  |               | •                   | <b>U</b> 1         | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe     |   |  |  |
| explanation of the                             | se three categories                          | , see page (v | ) of the general    | instructions loca  | ted in the paper SA3 form  |   |  |  |
|  |  |               |                     |                    | ity to which the station is licensed by the its which the station is identifed |   |  |  |
|  | tilizing multiple char                       | , ,,,         |                     | ,                  |  |   |  |  |
|  |  | CHANN         | EL LINE-UP          | AA                 |  |   |  |  |
| 1. CALL  | 2. B'CAST                                    | 3. TYPE       | 4. DISTANT?         | 5. BASIS OF        | 6. LOCATION OF STATION   |   |  |  |
| SIGN   | CHANNEL                                      | OF            | (Yes or No)         | CARRIAGE           |  |   |  |  |
|  | NUMBER                                       | STATION       |                     | (If Distant)       |  | -   |  |  |
| WAPT   | 21   | N             | No                  |                    | JACKSON, MS  |   |  |  |
| WDBD   | 40   | I             | No                  |                    | JACKSON, MS  | See instructions for                          |  |  |
| WJTV-1   | 12   | N             | No                  |                    | JACKSON, MS  | additional information<br>on alphabetization. |  |  |
| WJTV-2   | 12   | I-M           | No                  |                    | JACKSON, MS  |   |  |  |
| WJTV-3   | 12   | I-M           | No                  |                    | JACKSON, MS  |   |  |  |
| WLBT   | 9  | N             | No                  |                    | JACKSON, MS  |   |  |  |
| WLBT-2   | 9  | I-M           | No                  |                    | JACKSON, MS  |   |  |  |
| WLBT-3   | 9  | I-M           | No                  |                    | JACKSON, MS  | J   |  |  |
| WMAU   | 18   | Е             | No                  |                    | BUDE,MS  |   |  |  |
| WMPN   | 20   | Е             | Yes                 | Ο                  | JACKSON, MS  |   |  |  |
| WRBJ   | 34   | -<br>I        | No                  |                    | MAGEE, MS  |   |  |  |
|  |  | •             |                     |                    |  |   |  |  |
| WUFX   | 41   | 1             | No                  | _                  | VICKSBURG, MS  |   |  |  |
| WWL  | 4  | N             | Yes                 | 0                  | NEW ORLEANS, LA  | 1   |  |  |
|  |  |               |                     | 1                  |  |   |  |  |
|  |  |               |                     |                    |  |   |  |  |
|  |  |               |                     |                    |  |   |  |  |
|  |  |               |                     |                    |  | n<br>n  |  |  |
|  |  |               |                     |                    |  |   |  |  |

| FORM SA3E. PAGE 3.  |  |  |   |  |   |   |
|---|--|--|---|--|---|---|
| LEGAL NAME OF OWN   |  | STEM:  |   |  | SYSTEM ID#  | Name  |
| CABLE ONE, IN   | NC.  |  |   |  | 006230  |   |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON   |   |  |   |   |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br><b>Substitute Basis s</b><br>basis under specifc FC<br>• Do not list the statior<br>station was carried   | system during<br>ions in effect of<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>here in space<br>only on a subs  | the accountin<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or auti<br>G—but do lis<br>stitute basis   | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (th  | (1) stations carrie<br>the carriage of cer<br>51(e)(2) and (4))];<br>is carried by your<br>he Special Staten   | as and low power television stations)<br>ed only on a part-time basis under<br>rtain network programs [sections<br>; and (2) certain stations carried on a<br>cable system on a substitute progran<br>nent and Program Log)—if the  | G<br>Primary<br>Transmitters:<br>Television |
| basis. For further in<br>in the paper SA3 fc<br>Column 1: List eace<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the st<br>planation of local serv<br>Column 5: If you h<br>cable system carried t<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the | formation con-<br>rm.<br>th station's call<br>associated wit-<br>2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t<br>in each case<br>r entering the li-<br>cast), "E" (for r<br>ese terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant stati<br>ion of a distant<br>t entered into c<br>a primary trans<br>simulcasts, also<br>ree categories<br>e location of a | sign. Do not<br>h a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Cr<br>he station<br>whether the s<br>atter "N" (for r<br>ioncommercia<br>page (v) of the<br>case in column<br>on during the<br>me basis bec<br>t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v) | itute basis static<br>report originatic<br>coording to its over<br>the reported in<br>has assigned to<br>hannel 4 in Wasi<br>station is a network<br>hetwork), "N-M"<br>al educational), "<br>he general instru-<br>vice area, (i.e."<br>a general instruc-<br>to 4, you must co<br>accounting per<br>eause of lack of<br>eause of lack of<br>une 30, 2009, b<br>association repro-<br>f you carried the<br>co U.S. stations, | ons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list each<br>of the television stathington, D.C. This<br>ork station, an inco<br>(for network multi<br>or "E-M" (for non-<br>uctions located in<br>'distant"), enter "Y<br>tions located in thomplete column 5,<br>iod. Indicate by el<br>activated channel<br>subject to a royal<br>etween a cable sy<br>essenting the prime<br>channel on any of<br>instructions locat<br>, list the communi | Yes". If not, enter "No". For an ex<br>ne paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster<br>I capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the |   |
| Note: If you are utilizin   |  | nnel line-ups  | , use a separate  | e space G for eacl   | th which the station is identifec<br>h channel line-up.   |   |
|   |  | CHANN  | EL LINE-UP  | AB   |   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
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| FORM SA3E. PAGE 3.   |   |  |   |   |  |   |
|--|---|--|---|---|--|---|
| LEGAL NAME OF OWN  |   | STEM:  |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, II  | NC.   |  |   |   | 006230   |   |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON   |   |   |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regulat<br>76.59(d)(2) and (4), 70<br>substitute program ba<br>Substitute program ba<br>Substitute Basis S<br>basis under specifo F0<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br>Column 1: List ear<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give th<br>its community of licen<br>on which your cable s<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 5: If you h<br>cable system carried to<br>carried the distant stat<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these to | G, identify ever<br>system during t<br>tions in effect o<br>6.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>n here in space<br>only on a subs<br>and also in spa-<br>formation condorm.<br>ch station's call<br>associated with<br>A-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t<br>e in each case<br>y entering the lo<br>cast), "E" (for n<br>ese terms, see<br>tation is outside<br>ice area, see p<br>have entered "Y<br>the distant statii<br>sion of a distant<br>t entered into c<br>a primary trans<br>simulcasts, als<br>hree categories | y television sinthe accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or autil<br>G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning substi-<br>sign. Do not<br>the a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r<br>ioncommercia<br>page (v) of the<br>the local ser<br>age (v) of the<br>the local ser<br>age (v) of the<br>the basis bec<br>timulticast str<br>on or before Jus-<br>smitter or an a<br>so enter "E". If<br>s, see page (v) | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (th<br>ation was carrie<br>itute basis static<br>report originatic<br>coording to its ov<br>t be reported in<br>has assigned to<br>has assigned to<br>hannel 4 in Wasi<br>etation is a netwo<br>hetwork), "N-M"<br>al educational),<br>re general instruction<br>of 4, you must co<br>accounting peri-<br>ause of lack of<br>eam that is not<br>une 30, 2009, b<br>association repri-<br>you carried the<br>of the general | (1) stations carrie<br>the carriage of cer<br>51(e)(2) and (4))];<br>as carried by your<br>the Special Statem<br>ed both on a subst<br>ons, see page (v) of<br>on program service<br>ver-the-air designa<br>column 1 (list eac<br>othe television stat<br>hington, D.C. This<br>ork station, an ind<br>(for network multi<br>or "E-M" (for nonce<br>actions located in the<br>omplete column 5,<br>iod. Indicate by er<br>activated channel<br>subject to a royalt<br>etween a cable sy<br>esenting the prima<br>e channel on any co-<br>instructions located | es". If not, enter "No". For an ex<br>e paper SA3 form<br>stating the basis on which you<br>ntering "LAC" if your cable syster | G<br>Primary<br>Transmitters:<br>Television |
| FCC. For Mexican or  | Canadian statio   | ons, if any, giv   | ve the name of t  | the community wit   | h which the station is identifec   |   |
| Note: If you are utilizing   | ng multiple cha   | nnel line-ups,   | , use a separate  | e space G for each  | n channel line-up.   |   |
|  | T   | CHANN  | EL LINE-UP  | AC  |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | (Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.  |  |   |   |   |  |   |
|---|--|---|---|---|--|---|
| LEGAL NAME OF OWN   |  | STEM:   |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN   | NC.  |   |   |   | 006230   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON  |   |   |  |   |
| carried by your cables<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br><b>Substitute Basis S</b><br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 for<br><b>Column 1:</b> List ead<br>each multicast stream<br>cast stream as "WETA         | system during<br>ions in effect of<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>in here in space<br>only on a subs<br>and also in sp<br>information con-<br>orm.<br>ch station's call<br>associated with   | the accountin<br>on June 24, 19<br>(4), or 76.63<br>ed in the next<br>respect to an<br>ations, or aut<br>e G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning subst<br>I sign. Do not<br>th a station ac  | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (t<br>ation was carrie<br>itute basis statio<br>report originatic<br>coording to its o   | <ul> <li>(1) stations carrie<br/>the carriage of ceres</li> <li>(1)(2) and (4))];</li> <li>(2) and (4))];</li> <li>(2) and (4))];</li> <li>(3) and (4))];</li> <li>(4) and (4))];</li> <li>(4) and (4))];</li> <li>(5) and (4))];</li> <li>(4) and (4))];</li> <li>(5) and (4))];</li> <li>(6) and (4))];</li> <li>(6) and (4))];</li> <li>(7) and (4))];</li> <li>(7) and (4))];</li> <li>(8) and (4))];</li> <li>(8) and (4))];</li> <li>(8) and (4))];</li> <li>(9) and (4))];</li> <li>(9) and (4))];</li> <li>(1) and (4))];&lt;</li></ul> | as and low power television stations)<br>ed only on a part-time basis under<br>rtain network programs [sections<br>; and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>titute basis and also on some othe<br>of the general instructions located<br>es such as HBO, ESPN, etc. Identifi-<br>ation. For example, report multi<br>ch stream separately; for example   | G<br>Primary<br>Transmitters:<br>Television |
| WETA-simulcast).  | e channel num  | her the ECC   | has assigned to   | the television sta  | ation for broadcasting over-the-air ir   |   |
|   |  |   | -   |   | s may be different from the channe   |   |
| on which your cable s   | •  |   |   |   | dependent station, or a noncommercia   |   |
| educational station, by<br>(for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the st<br>planation of local serv<br><b>Column 5:</b> If you h<br>cable system carried t<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the | v entering the la<br>cast), "E" (for r<br>ese terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statii<br>ion on a part-ti<br>sion of a distant<br>t entered into c<br>a primary trans<br>simulcasts, als<br>nee categories<br>e location of ea<br>Canadian statio | etter "N" (for r<br>noncommercia<br>page (v) of the<br>vage (v) of the<br>vage (v) of the<br>ves" in column<br>fon during the<br>ime basis bec<br>t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". It<br>s, see page (v<br>ach station. Frons, if any, giv | network), "N-M"<br>al educational),<br>ne general instru-<br>vice area, (i.e. 4<br>e general instruc-<br>n 4, you must cc<br>accounting per<br>eause of lack of<br>ream that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>r) of the general<br>or U.S. stations,<br>we the name of the | (for network multi<br>or "E-M" (for non-<br>uctions located in<br>'distant"), enter "Y<br>tions located in the<br>mplete column 5,<br>iod. Indicate by el<br>activated channel<br>subject to a royal<br>etween a cable sy<br>essenting the prime<br>channel on any of<br>instructions locat<br>, list the communit<br>the community with  | icast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>/es". If not, enter "No". For an ex<br>ne paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster<br>I capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec |   |
|   |  | CHANN   | EL LINE-UP  | AD  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| LEGAL NAME OF OWN   | IER OF CABLE SY                                      | STEM:  |  |   | SYSTEM ID#   |                               |
|---|--|--|--|---|--|-------------------------------|
| CABLE ONE, II   | NC.  |  |  |   | 006230   | Name                          |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON   |  |   |  |                               |
| carried by your cable a<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76 | system during<br>tions in effect o<br>5.61(e)(2) and | the accountin<br>on June 24, 19<br>(4), or 76.63 ( | g period except<br>981, permitting t<br>(referring to 76.6 | (1) stations carrie<br>he carriage of cer | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section:<br>and (2) certain stations carried on a | G<br>Primary<br>Transmitters: |
| substitute program ba<br>Substitute Basis \$                                |  |  |  | is carried by your                        | cable system on a substitute progran   | Television                    |
| basis under specifc F   | CC rules, regul<br>here in space                     | ations, or aut<br>G—but do lis                     | horizations  |   | nent and Program Log)—if the   |                               |
| • List the station here, basis. For further in                              | and also in sp<br>formation con                      | ace I, if the st                                   |  |   | titute basis and also on some othe of the general instructions located   |                               |
| in the paper SA3 for<br>Column 1: List each                                 |  | sign. Do not                                       | report originatio  | on program servic                         | es such as HBO, ESPN, etc. Identify  |                               |
|   |  |  | 0  | •   | ation. For example, report multi   |                               |
| WETA-simulcast).  | A-2". Simulcast                                      | streams mus  | t be reported in   | column 1 (list ead                        | ch stream separately; for example  |                               |
|   |  |  | -  |   | tion for broadcasting over-the-air in  |                               |
| on which your cable s   |  |  | nannel 4 in Was  | hington, D.C. This                        | s may be different from the channe   |                               |
| Column 3: Indicate  | e in each case                                       | whether the s                                      |  |   | lependent station, or a noncommercia   |                               |
|   | 0  | · ·  | <i>,</i> ,   | <b>`</b>                                  | cast), "I" (for independent), "I-M<br>commercial educational multicast)  |                               |
| For the meaning of the  | ese terms, see                                       | page (v) of th                                     | ne general instru  | uctions located in                        | the paper SA3 form   |                               |
| Column 4: If the st<br>planation of local serv                              |  |  |  | ,   | res". If not, enter "No". For an ex  |                               |
|   |  |  |  |   | stating the basis on which you   |                               |
| cable system carried t<br>carried the distant stat                          |  | •  | • •  |   | ntering "LAC" if your cable syster   |                               |
|   | •  |  |  |   | ty payment because it is the subjec  |                               |
| -   |  |  |  |   | ystem or an association representin<br>ary transmitter, enter the designa  |                               |
|   |  |  | •  | • .                                       | other basis, enter "O." For a furthe   |                               |
|   |  |  |  |   | ed in the paper SA3 form   |                               |
|   |  |  |  |   | ty to which the station is licensed by the the which the station is identifed  |                               |
| Note: If you are utilizin   | ng multiple cha                                      | nnel line-ups                                      | , use a separate   | e space G for eacl                        | h channel line-up.   |                               |
|   |  | CHANN  | EL LINE-UP   | AE  |  |                               |
| 1. CALL   | 2. B'CAST  | 3. TYPE  | 4. DISTANT?  | 5. BASIS OF                               | 6. LOCATION OF STATION   |                               |
| SIGN  | CHANNEL  | OF   | (Yes or No)  | CARRIAGE                                  |  |                               |
|   | NUMBER   | STATION  |  | (If Distant)                              |  |                               |
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| LEGAL NAME OF OWN  | IER OF CABLE SY   | STEM:            |                    |                          | SYSTEM ID#   |               |
|--|-------------------|------------------|--------------------|--------------------------|--|---------------|
| CABLE ONE, II  | NC.               |                  |                    |                          | 006230   | Name          |
| PRIMARY TRANSMITT  | ERS: TELEVISI     | ON               |                    |                          |  |               |
| carried by your cable  | system during     | the accountin    | g period except    | (1) stations carrie      | s and low power television stations)<br>ed only on a part-time basis under | G             |
|  |                   |                  |                    |                          | tain network programs [section:<br>and (2) certain stations carried on a   | Primary       |
| substitute program ba  | sis, as explaine  | ed in the next   | paragraph          |                          |  | Transmitters: |
| Substitute Basis Substi |                   |                  | •                  | s carried by your        | cable system on a substitute progran                                       | Television    |
|  | , 0               | ,                |                    | he Special Staten        | nent and Program Log)—if the   |               |
| station was carried  |                   |                  |                    | d both on a subst        | it to be in and also an arms other   |               |
|  | •                 |                  |                    |                          | titute basis and also on some othe<br>of the general instructions located  |               |
| in the paper SA3 fo  |                   | sian Do not      | report originatio  | n program servic         | es such as HBO, ESPN, etc. Identify  |               |
|  |                   | •                |                    |                          | ation. For example, report multi   |               |
|  | A-2". Simulcast   | streams mus      | t be reported in   | column 1 (list ead       | ch stream separately; for example  |               |
| WETA-simulcast).<br>Column 2: Give th  | e channel num     | ber the FCC      | has assigned to    | the television sta       | tion for broadcasting over-the-air ir                                      |               |
|  |                   |                  | nannel 4 in Was    | hington, D.C. This       | s may be different from the channe   |               |
| on which your cable s<br>Column 3: Indicate  |                   |                  | station is a netw  | ork station, an ind      | lependent station, or a noncommercia                                       |               |
| educational station, by  | / entering the le | etter "N" (for r | network), "N-M"    | (for network multi       | cast), "I" (for independent), "I-M   |               |
| (for independent multi<br>For the meaning of the   | <i></i>           |                  | ,.                 | •                        | commercial educational multicast)  |               |
| Column 4: If the st  | ation is outside  | e the local ser  | vice area, (i.e. ' | ʻdistant"), enter "Y     | ′es". If not, enter "No". For an ex  |               |
| planation of local serv  |                   |                  |                    |                          | ne paper SA3 form<br>, stating the basis on which you                      |               |
| -  |                   |                  | •                  | -                        | ntering "LAC" if your cable syster   |               |
| carried the distant stat   | •                 |                  |                    |                          |  |               |
|  |                   |                  |                    |                          | ty payment because it is the subjec<br>ystem or an association representin |               |
| the cable system and   | a primary trans   | smitter or an a  | association repr   | esenting the prima       | ary transmitter, enter the designa   |               |
| · · /  |                   |                  |                    |                          | other basis, enter "O." For a furthe<br>red in the paper SA3 form          |               |
|  |                   |                  |                    |                          | ty to which the station is licensed by the                                 |               |
|  |                   |                  |                    |                          | th which the station is identifed  |               |
| Note: If you are utilizi   | ng multiple cha   | •                | •                  | •                        | n channel line-up.   |               |
|  |                   | CHANN            | EL LINE-UP         | AF                       |  |               |
| 1. CALL  | 2. B'CAST         | 3. TYPE          | 4. DISTANT?        | 5. BASIS OF              | 6. LOCATION OF STATION   |               |
| SIGN   | CHANNEL<br>NUMBER | OF<br>STATION    | (Yes or No)        | CARRIAGE<br>(If Distant) |  |               |
|  |                   |                  |                    | (11 2 10 (01.11))        |  |               |
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| LEGAL NAME OF OWN  | IER OF CABLE SY      | STEM:         |                            |                         | SYSTEM ID#   |               |
|--|----------------------|---------------|----------------------------|-------------------------|--|---------------|
| CABLE ONE, IN  | NC.                  |               |                            |                         | 006230   | Name          |
| PRIMARY TRANSMITT  | ERS: TELEVISI        | ON            |                            |                         |  |               |
| carried by your cable  | system during        | the accountin | g period except            | (1) stations carrie     | s and low power television stations)<br>ed only on a part-time basis under | G             |
|  |                      |               |                            |                         | tain network programs [section:<br>and (2) certain stations carried on a   | Primary       |
| substitute program ba  |                      |               |                            | e corried by your       | apple system on a substitute program                                       | Transmitters: |
| basis under specifc F0   |                      |               | •                          | is carried by your      | cable system on a substitute progran                                       | Television    |
|  |                      |               | st it in space I (t        | he Special Staten       | nent and Program Log)—if the   |               |
| <ul><li>station was carried</li><li>List the station here,</li></ul> |                      |               | ation was carrie           | d both on a subst       | titute basis and also on some othe   |               |
|  |                      | cerning subst | itute basis statio         | ons, see page (v)       | of the general instructions located  |               |
| in the paper SA3 for<br>Column 1: List each                          |                      | sign. Do not  | report originatio          | on program servic       | es such as HBO, ESPN, etc. Identify  |               |
|  |                      |               | 0                          | •                       | ation. For example, report multi   |               |
| WETA-simulcast).   | -2 . Simulcasi       | streams mus   | a be reported in           | column 1 (list eac      | ch stream separately; for example  |               |
|  |                      |               | -                          |                         | tion for broadcasting over-the-air in                                      |               |
| on which your cable s  |                      |               | lannel 4 m was             | nington, D.C. This      | s may be different from the channe   |               |
|  |                      |               |                            |                         | lependent station, or a noncommercia                                       |               |
|  | 0                    | ``            | <i>,</i> ,                 | •                       | cast), "I" (for independent), "I-M<br>commercial educational multicast)    |               |
| For the meaning of the   |                      |               |                            |                         | the paper SA3 form<br>′es". If not, enter "No". For an ex                  |               |
| planation of local serv  |                      |               |                            | ,.                      | -  |               |
| -  |                      |               |                            | •                       | stating the basis on which you   |               |
| carried the distant stat   |                      | •             | • •                        |                         | ntering "LAC" if your cable syster<br>capacity                             |               |
|  |                      |               |                            |                         | ty payment because it is the subjec  |               |
| -  |                      |               |                            |                         | ystem or an association representin<br>ary transmitter, enter the designa  |               |
| · · · /  |                      |               |                            |                         | other basis, enter "O." For a furthe                                       |               |
|  |                      |               |                            |                         | ted in the paper SA3 form<br>ty to which the station is licensed by the    |               |
|  |                      |               |                            |                         | th which the station is identifed  |               |
| Note: If you are utilizir  | ng multiple cha      | •             | •                          |                         | n channel line-up.   |               |
|  |                      | CHANN         | EL LINE-UP                 | AG                      |  |               |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL | 3. TYPE<br>OF | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE | 6. LOCATION OF STATION   |               |
| 31011  | NUMBER               | STATION       | . ,                        | (If Distant)            |  |               |
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| LEGAL NAME OF OWN  | IER OF CABLE SY  | STEM:  |   |  | SYSTEM ID#   |   |
|--|--|--|---|--|--|---|
| CABLE ONE, II  | NC.  |  |   |  | 006230   | Name  |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON   |   |  |  |   |
| carried by your cable<br>FCC rules and regular<br>76.59(d)(2) and (4), 76<br>substitute program ba<br><b>Substitute Basis</b><br>basis under specific F  | system during<br>tions in effect o<br>6.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul   | the accountin<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or aut   | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:  | <ol> <li>(1) stations carrie<br/>he carriage of cer<br/>61(e)(2) and (4))];</li> <li>s carried by your</li> </ol>  | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute progran<br>nent and Program Log)—if the   | G<br>Primary<br>Transmitters:<br>Television |
| station was carried<br>• List the station here,<br>basis. For further in<br>in the paper SA3 fo<br><b>Column 1:</b> List ead<br>each multicast stream<br>cast stream as "WETA-<br>WETA-simulcast).<br><b>Column 2:</b> Give th<br>its community of licen-<br>on which your cable s<br><b>Column 3:</b> Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the si<br>planation of local serve<br><b>Column 5:</b> If you h-<br>cast et a distant star<br>For the retransmiss<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these the<br><b>Column 6:</b> Give the | only on a subs<br>and also in sp<br>information com-<br>orm.<br>ch station's call<br>associated wirk<br>A-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t<br>e in each case<br>y entering the li-<br>cast), "E" (for r<br>ese terms, see<br>tation is outside<br>ice area, see p<br>have entered "Y<br>the distant stati-<br>sion of a distant<br>t entered into c<br>a primary trans<br>simulcasts, also<br>hree categories<br>e location of ea<br>Canadian station | stitute basis<br>ace I, if the st<br>cerning subst<br>sign. Do not<br>the a station ac<br>streams mus<br>ber the FCC<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r<br>ioncommercia<br>page (v) of the<br>the local ser<br>age (v) of the<br>ces" in column<br>on during the<br>me basis bec<br>t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fe<br>ons, if any, give | ation was carrie<br>itute basis static<br>coording to its or<br>at be reported in<br>has assigned to<br>hannel 4 in Was<br>station is a netw<br>network), "N-M"<br>al educational),<br>ne general instru-<br>vice area, (i.e. '<br>accounting per<br>cause of lack of<br>ream that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of | ad both on a substons, see page (v)<br>on program service<br>ver-the-air design<br>column 1 (list each<br>the television stathington, D.C. This<br>ork station, an ind<br>(for network multi<br>or "E-M" (for nonco-<br>uctions located in<br>distant"), enter "Y<br>tions located in thomplete column 5,<br>iod. Indicate by er<br>activated channel<br>subject to a royal<br>etween a cable sy<br>essenting the prime<br>channel on any co-<br>instructions locat<br>list the community with | itute basis and also on some othe<br>of the general instructions located<br>es such as HBO, ESPN, etc. Identifi-<br>ation. For example, report multi<br>ch stream separately; for example<br>tion for broadcasting over-the-air ir<br>a may be different from the channe<br>lependent station, or a noncommercia<br>cast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>'es". If not, enter "No". For an ex<br>le paper SA3 form<br>stating the basis on which you<br>ntering "LAC" if your cable syster<br>capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec |   |
|  |  | CHANN  | EL LINE-UP  | AH   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
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| LEGAL NAME OF OWN   | IER OF CABLE SY   | STEM:   |   |  | SYSTEM ID#   |   |
|---|---|---|---|--|--|---|
| CABLE ONE, II   | NC.   |   |   |  | 006230   | Name  |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON  |   |  |  |   |
| carried by your cable<br>FCC rules and regulat<br>76.59(d)(2) and (4), 70<br>substitute program ba  | system during<br>ions in effect o<br>5.61(e)(2) and<br>sis, as explaine | the accountin<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph               | (1) stations carrie<br>he carriage of cer<br>61(e)(2) and (4))]; | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute progran | G<br>Primary<br>Transmitters:<br>Television |
| <ul> <li>basis under specifc F0</li> <li>Do not list the station<br/>station was carried</li> </ul> | CC rules, regul<br>n here in space<br>only on a subs                    | ations, or autl<br>G—but do lis<br>stitute basis                    | horizations:<br>st it in space I (t   | he Special Staten  | nent and Program Log)—if th⊧   | Television                                  |
| basis. For further in in the paper SA3 for  | nformation con  | cerning subst   | itute basis statio  | ons, see page (v)  | itute basis and also on some othe<br>of the general instructions located<br>es such as HBO, ESPN, etc. Identify  |   |
| cast stream as "WETA<br>WETA-simulcast).  | A-2". Simulcast   | streams mus   | t be reported in  | column 1 (list eac   | ation. For example, report multi<br>ch stream separately; for example<br>tion for broadcasting over-the-air ir   |   |
| its community of licent<br>on which your cable s<br><b>Column 3:</b> Indicate                       | se. For exampl<br>ystem carried t<br>e in each case                     | e, WRC is Ch<br>he station<br>whether the s                         | nannel 4 in Was   | hington, D.C. This<br>ork station, an ind                        | s may be different from the channe<br>lependent station, or a noncommercia   |   |
| (for independent multi<br>For the meaning of the  | cast), "E" (for r<br>ese terms, see                                     | oncommercia<br>page (v) of th                                       | al educational),<br>ne general instru   | or "E-M" (for nonc   | cast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form<br>′es". If not, enter "No". For an ex   |   |
| -   | ave entered "Y<br>he distant stati                                      | es" in columr   | accounting per  | omplete column 5,<br>iod. Indicate by er                         | stating the basis on which you<br>ntering "LAC" if your cable system   |   |
| For the retransmiss<br>of a written agreemen<br>the cable system and                                | sion of a distan<br>t entered into c<br>a primary trans                 | t multicast str<br>on or before J<br>smitter or an a                | eam that is not<br>une 30, 2009, b<br>association repr                                | subject to a royal<br>etween a cable sy<br>esenting the prima    | ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa   |   |
| explanation of these the <b>Column 6:</b> Give the FCC. For Mexican or                              | nree categories<br>e location of ea<br>Canadian statio                  | s, see page (v<br>ach station. Fo<br>ons, if any, giv               | <ul> <li>of the general<br/>or U.S. stations,<br/>ve the name of the state</li> </ul> | instructions locat<br>, list the communit<br>the community wit   | other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec  |   |
| Note: If you are utilizin   | ig multiple cha   | •   | EL LINE-UP  |  | r channer nne-up.  |   |
|   |   |   |   |  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                          | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.  |   |  |   |   |  |   |
|---|---|--|---|---|--|---|
| LEGAL NAME OF OWN   |   | STEM:  |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN   | NC  |  |   |   | 006230   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON   |   |   |  |   |
| In General: In space (<br>carried by your cables)<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br>Substitute program ba<br>Substitute Basis S<br>basis under specifc F(<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 fc<br>Column 1: List eace<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the st<br>planation of local serv | G, identify ever<br>system during<br>ions in effect of<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>here in space<br>only on a subs<br>and also in sp<br>oformation com-<br>orm.<br>ch station's call<br>associated with<br>-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t<br>e in each case<br>y entering the li-<br>cast), "E" (for r<br>ese terms, see<br>tation is outside<br>ice area, see p | y television s<br>the accountin<br>on June 24, 19<br>(4), or 76.63 U<br>ed in the next<br>respect to an<br>ations, or aut<br>e G—but do list<br>stitute basis<br>ace I, if the st<br>cerning subst<br>l sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC<br>e, WRC is Cf<br>he station<br>whether the s<br>etter "N" (for r<br>ioncommercia<br>page (v) of the<br>tage (v) of the | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (the<br>ation was carried<br>itute basis station<br>report origination<br>coording to its or-<br>the reported in<br>has assigned to<br>nannel 4 in Was<br>station is a network), "N-M"<br>al educational),<br>he general instru-<br>vice area, (i.e. for<br>general instruct | (1) stations carrie<br>the carriage of cer<br>51(e)(2) and (4))];<br>as carried by your<br>the Special Staten<br>ad both on a subst<br>ons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list ear<br>the television stat<br>hington, D.C. This<br>ork station, an inco<br>(for network multi<br>or "E-M" (for nonc<br>uctions located in the<br>distant"), enter "Y | es". If not, enter "No". For an ex   | G<br>Primary<br>Transmitters:<br>Television |
| Column 5: If you h  | ave entered "Y  | 'es" in columr   | n 4, you must co  | mplete column 5   |  |   |
| carried the distant stat  | tion on a part-ti   | ime basis bec  | ause of lack of   | activated channel   | I capacity   |   |
|   |   |  |   |   | ty payment because it is the subjec<br>ystem or an association representin     |   |
|   |   |  | •   | • •   | ary transmitter, enter the designa other basis, enter "O." For a furthe        |   |
| explanation of these the  | nree categories   | s, see page (v   | ) of the general  | instructions locat  | ted in the paper SA3 form  |   |
|   |   |  |   |   | ty to which the station is licensed by the the which the station is identified |   |
| Note: If you are utilizin   | ng multiple cha   | nnel line-ups  | , use a separate  | e space G for eacl  | h channel line-up.   |   |
|   |   | CHANN  | EL LINE-UP  | AJ  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:  |  |   | SYSTEM ID#   |   |
|---|--|--|--|---|--|---|
| CABLE ONE, II   | NC.  |  |  |   | 006230   | Name  |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON   |  |   |  |   |
| carried by your cable<br>FCC rules and regulat<br>76.59(d)(2) and (4), 70<br>substitute program ba  | system during t<br>tions in effect o<br>6.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With              | the accountin<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an                           | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station                             | (1) stations carrie<br>he carriage of cer<br>61(e)(2) and (4))];  | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute progran   | G<br>Primary<br>Transmitters:<br>Television |
| station was carried<br>• List the station here,   | only on a subs<br>and also in spa  | stitute basis<br>ace I, if the st  | ation was carrie   | d both on a subst   | nent and Program Log)—if the<br>itute basis and also on some othe<br>of the general instructions located   |   |
| each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br><b>Column 2:</b> Give th   | ch station's call<br>associated wit<br>A-2". Simulcast<br>e channel num  | th a station ac<br>streams mus<br>ber the FCC  | ccording to its or<br>to be reported in<br>has assigned to   | ver-the-air designa<br>column 1 (list eac<br>the television sta   | es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi<br>ch stream separately; for example<br>tion for broadcasting over-the-air ir<br>s may be different from the channe  |   |
| on which your cable s<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the                            | ystem carried t<br>e in each case<br>y entering the le<br>cast), "E" (for n<br>ese terms, see                    | he station<br>whether the s<br>etter "N" (for r<br>ioncommercia<br>page (v) of th                              | station is a netw<br>network), "N-M"<br>al educational),<br>ne general instru  | ork station, an ind<br>(for network multi<br>or "E-M" (for nonc<br>ictions located in                                       | ependent station, or a noncommercia<br>cast), "I" (for independent), "I-M<br>commercial educational multicast)<br>the paper SA3 form   |   |
| planation of local serv<br>Column 5: If you h   | ice area, see p<br>ave entered "Y<br>he distant stati  | age (v) of the<br>′es" in columr<br>on during the  | e general instruc<br>n 4, you must co<br>accounting per  | tions located in th<br>omplete column 5,<br>iod. Indicate by er   | stating the basis on which you<br>ntering "LAC" if your cable syster   |   |
| of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give th<br>FCC. For Mexican or | t entered into c<br>a primary trans<br>simulcasts, als<br>hree categories<br>e location of ea<br>Canadian statio | on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv | une 30, 2009, b<br>association repre-<br>f you carried the<br>() of the general<br>or U.S. stations,<br>we the name of t | etween a cable sy<br>esenting the prima<br>channel on any c<br>instructions locat<br>list the communit<br>the community wit | y payment because it is the subjec<br>/stem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>ch which the station is identifec |   |
| Note: If you are utilizing  | ng multiple cha  | •  | •  |   | i channei line-up.   |   |
|   |  | CHANN  | EL LINE-UP   | AK  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.   |   |  |   |   |  |   |
|--|---|--|---|---|--|---|
| LEGAL NAME OF OWN  |   | STEM:  |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, II  | NC.   |  |   |   | 006230   |   |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON   |   |   |  |   |
| In General: In space<br>carried by your cable<br>FCC rules and regulat<br>76.59(d)(2) and (4), 70<br>substitute program ba<br>Substitute program ba<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 fc<br>Column 1: List ear<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give th<br>its community of licen<br>on which your cable s<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 5: If you h<br>cable system carried the<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these ti | G, identify ever<br>system during t<br>tions in effect o<br>6.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>n here in space<br>only on a subs<br>and also in spa-<br>nformation con-<br>orm.<br>ch station's call<br>associated with<br>A-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t<br>e in each case<br>y entering the lo<br>cast), "E" (for n<br>ese terms, see<br>tation is outside<br>ice area, see p<br>have entered "Y<br>the distant statii<br>sion of a distan<br>t entered into c<br>a primary trans<br>simulcasts, als<br>hree categories | y television sinthe accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or autil<br>G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning substi-<br>sign. Do not<br>the a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r<br>ioncommercia<br>page (v) of the<br>the local ser<br>age (v) of the<br>the local ser<br>age (v) of the<br>the basis bec<br>timulticast str<br>on or before Jus-<br>smitter or an a<br>so enter "E". If<br>s, see page (v) | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (th<br>ation was carrie<br>itute basis static<br>report originatic<br>coording to its ov<br>t be reported in<br>has assigned to<br>has assigned to<br>hannel 4 in Wasi<br>etation is a netwo<br>hetwork), "N-M"<br>al educational),<br>re general instruction<br>of 4, you must co<br>accounting peri-<br>ause of lack of<br>eam that is not<br>une 30, 2009, b<br>association repri-<br>you carried the<br>of the general | (1) stations carrie<br>the carriage of cer<br>51(e)(2) and (4))];<br>as carried by your<br>the Special Statem<br>ed both on a subst<br>ons, see page (v) of<br>on program service<br>ver-the-air designa<br>column 1 (list eac<br>othe television stat<br>hington, D.C. This<br>ork station, an ind<br>(for network multi<br>or "E-M" (for nonce<br>actions located in the<br>omplete column 5,<br>iod. Indicate by er<br>activated channel<br>subject to a royalt<br>etween a cable sy<br>esenting the prima<br>e channel on any co-<br>instructions located | es". If not, enter "No". For an ex<br>e paper SA3 form<br>stating the basis on which you<br>ntering "LAC" if your cable syster | G<br>Primary<br>Transmitters:<br>Television |
| FCC. For Mexican or <b>Note:</b> If you are utilizing  |   |  |   | -   | h which the station is identifec   |   |
| Note. Il you are utilizit  | ng multiple cha   |  |   | •   | r channer inte-up.   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | (Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.   |  |  |   |   |   |   |
|--|--|--|---|---|---|---|
| LEGAL NAME OF OWN  |  | STEM:  |   |   | SYSTEM ID#  | Name  |
| CABLE ONE, IN  | NC.  |  |   |   | 006230  |   |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON   |   |   |   |   |
| In General: In space (<br>carried by your cables<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 fc<br>Column 1: List ead<br>each multicast stream<br>cast stream as "WETA-<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable st | G, identify ever<br>system during<br>ions in effect o<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>here in space<br>only on a subs<br>and also in sp<br>iformation con-<br>orm.<br>ch station's call<br>associated with<br>k-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t | y television s<br>the accountin<br>in June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or auth<br>e G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning subst<br>sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC<br>e, WRC is Ch<br>he station  | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (tl<br>ation was carrie<br>itute basis static<br>report originatic<br>coording to its ou<br>t be reported in<br>has assigned to<br>nannel 4 in Wasi  | (1) stations carrie<br>the carriage of cer<br>51(e)(2) and (4))];<br>as carried by your<br>the Special Staten<br>ed both on a subsi-<br>tons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list eac<br>the television stat<br>hington, D.C. This  | Is and low power television stations)<br>ad only on a part-time basis under<br>tain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>titute basis and also on some othe<br>of the general instructions locatec<br>es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi<br>ch stream separately; for example<br>ation for broadcasting over-the-air ir<br>is may be different from the channe<br>dependent station, or a noncommercia | G<br>Primary<br>Transmitters:<br>Television |
| (for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the st<br>planation of local serv<br><b>Column 5:</b> If you h<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or the   | cast), "E" (for r<br>ese terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statii<br>sion of a distan<br>t entered into c<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian statio  | approximation and the second s | al educational),<br>the general instru-<br>vice area, (i.e. "<br>general instruc-<br>the general instruc-<br>the general instruc-<br>the general instruc-<br>accounting per<br>ause of lack of<br>ream that is not<br>une 30, 2009, b<br>association repro-<br>f you carried the<br>context of the general<br>or U.S. stations,<br>we the name of the general | or "E-M" (for nonc<br>uctions located in<br>'distant"), enter "Y<br>tions located in tr<br>pmplete column 5,<br>iod. Indicate by ei<br>activated channel<br>subject to a royal<br>etween a cable sy<br>esenting the prime<br>channel on any ca<br>instructions locat<br>, list the communit<br>the community wi | Yes". If not, enter "No". For an ex<br>ne paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster<br>l capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec  |   |
| Note: If you are utilizin  | ng multiple cha  | nnel line-ups  | , use a separate  | e space G for eacl  | h channel line-up.  |   |
|  |  | CHANN  | EL LINE-UP  | AM  |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
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| LEGAL NAME OF OWN  | IER OF CABLE SY  | STEM:   |  |   | SYSTEM ID#  |   |
|--|--|---|--|---|---|---|
| CABLE ONE, II  | NC.  |   |  |   | 006230  | Name  |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON  |  |   |   |   |
| carried by your cable<br>FCC rules and regular<br>76.59(d)(2) and (4), 76<br>substitute program ba<br><b>Substitute Basis</b><br>basis under specifc F   | system during<br>tions in effect o<br>6.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul   | the accountin<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or aut  | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:   | <ol> <li>(1) stations carrie<br/>he carriage of cer<br/>61(e)(2) and (4))];</li> <li>s carried by your</li> </ol>   | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute progran<br>nent and Program Log)—if the  | G<br>Primary<br>Transmitters:<br>Television |
| basis. For further in<br>in the paper SA3 fo<br>Column 1: List each<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give th<br>its community of licen<br>on which your cable s<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the si<br>planation of local serv<br>Column 5: If you h<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give th | and also in sp<br>phormation com-<br>orm.<br>ch station's call<br>associated wirk<br>A-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t<br>e in each case<br>y entering the li-<br>cast), "E" (for r<br>ese terms, see<br>tation is outside<br>ice area, see p<br>have entered "Y<br>the distant statii<br>sion of a distant<br>t entered into c<br>a primary trans<br>simulcasts, also<br>hree categories<br>e location of ea<br>Canadian statio | ace I, if the st<br>cerning subst<br>sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r<br>ioncommercia<br>page (v) of the<br>the local ser<br>age (v) of the<br>ces" in column<br>on during the<br>me basis bec<br>t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fe<br>ons, if any, giv | itute basis static<br>report originatic<br>coording to its over<br>the reported in<br>has assigned to<br>hannel 4 in Wasi<br>station is a network<br>hetwork), "N-M"<br>al educational), "<br>e general instru-<br>vice area, (i.e."<br>e general instru-<br>vice area, (i.e."<br>e general instruc-<br>to 4, you must co<br>accounting per<br>exause of lack of<br>earm that is not<br>une 30, 2009, b<br>association repro-<br>f you carried the<br>r) of the general<br>or U.S. stations,<br>we the name of t | ons, see page (v)<br>on program service<br>ver-the-air design<br>column 1 (list each<br>the television stathington, D.C. This<br>ork station, an ind<br>(for network multi<br>or "E-M" (for nonce<br>uctions located in the<br>distant"), enter "Y<br>tions located in the<br>mplete column 5,<br>iod. Indicate by er<br>activated channel<br>subject to a royal<br>etween a cable sy<br>essenting the prime<br>channel on any constructions locat<br>list the community with | es". If not, enter "No". For an ex<br>e paper SA3 form<br>stating the basis on which you<br>ntering "LAC" if your cable syster<br>capacity<br>y payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>h which the station is identifec |   |
|  |  | CHANN   | EL LINE-UP   | AN  |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
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| FORM SA3E. PAGE 3.   |  |  |   |   |  |   |
|--|--|--|---|---|--|---|
| LEGAL NAME OF OWN  |  | STEM:  |   |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN  | NC.  |  |   |   | 006230   |   |
| PRIMARY TRANSMITT  | ERS: TELEVISI  | ON   |   |   |  |   |
| In General: In space (<br>carried by your cables)<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 for<br>Column 1: List ead<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable so<br>Column 3: Indicate | G, identify ever<br>system during<br>ions in effect o<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>here in space<br>only on a subs<br>and also in sp<br>iformation con-<br>orm.<br>ch station's call<br>associated with<br>A-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t | y television s<br>the accountin<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or autil<br>G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning subst<br>sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC<br>e, WRC is Ch<br>he station<br>whether the s   | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (th<br>ation was carrie<br>itute basis static<br>report originatic<br>coording to its ov<br>t be reported in<br>has assigned to<br>nannel 4 in Wasi  | (1) stations carrie<br>the carriage of cer<br>51(e)(2) and (4))];<br>as carried by your<br>the Special Staten<br>ed both on a subsi-<br>tons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list eac<br>the television stat<br>hington, D.C. This<br>ork station, an inc                   | as and low power television stations)<br>ed only on a part-time basis under<br>rtain network programs [sections<br>; and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>titute basis and also on some othe<br>of the general instructions located<br>we such as HBO, ESPN, etc. Identify<br>ation. For example, report multi<br>ch stream separately; for example<br>ation for broadcasting over-the-air ir<br>s may be different from the channe<br>dependent station, or a noncommercia<br>icast), "I" (for independent), "I-M | G<br>Primary<br>Transmitters:<br>Television |
| (for independent multi<br>For the meaning of the<br><b>Column 4:</b> If the st<br>planation of local serv<br><b>Column 5:</b> If you h<br>cable system carried th<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the<br>FCC. For Mexican or the   | cast), "E" (for r<br>ese terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statii<br>sion of a distan<br>t entered into c<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian statio  | approximation and the second s | al educational),<br>the general instru-<br>vice area, (i.e. "<br>general instruc-<br>the general instruc-<br>the general instruc-<br>the general instruc-<br>accounting per<br>ause of lack of<br>ream that is not<br>une 30, 2009, bassociation repro-<br>f you carried the<br>context of the general<br>or U.S. stations,<br>we the name of the general | or "E-M" (for nonc<br>uctions located in<br>'distant"), enter "Y<br>tions located in thy<br>mplete column 5,<br>iod. Indicate by ei<br>activated channel<br>subject to a royal<br>etween a cable sy<br>esenting the prime<br>channel on any ca<br>instructions locat<br>, list the communit<br>the community with | commercial educational multicast)<br>the paper SA3 form<br>Yes". If not, enter "No". For an ex<br>he paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster<br>I capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec  |   |
| Note: If you are utilizin  | ng multiple cha  | nnel line-ups  | , use a separate  | e space G for eacl  | h channel line-up.   |   |
|  |  | CHANN  | EL LINE-UP  | AO  |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.  |                  |                |                    |                     |  |               |
|---|------------------|----------------|--------------------|---------------------|--|---------------|
| LEGAL NAME OF OWN   |                  | (STEM:         |                    |                     | SYSTEM ID#   | Name          |
| CABLE ONE, II   | NC               |                |                    |                     | 006230   |               |
| PRIMARY TRANSMITT   | ERS: TELEVISI    | ON             |                    |                     |  |               |
|   |                  |                |                    |                     | is and low power television stations)  | G             |
|   | , ,              |                | • •                | ( )                 | ed only on a part-time basis under   | G             |
|   |                  |                |                    |                     | rtain network programs [section:<br>and (2) certain stations carried on a    | Primary       |
| substitute program ba   | sis, as explaine | ed in the next | paragraph          |                     |  | Transmitters: |
|   |                  | -              | •                  | is carried by your  | cable system on a substitute progran   | Television    |
| <ul> <li>basis under specifc F(</li> <li>Do not list the station</li> </ul> | -                |                |                    | he Special Staten   | nent and Program Log)—if the   |               |
| station was carried   |                  |                |                    |                     |  |               |
|   |                  |                | ation was carrie   | d both on a subs    | titute basis and also on some othe   |               |
|   |                  | cerning subst  | itute basis statio | ons, see page (v)   | of the general instructions located  |               |
| in the paper SA3 fo   |                  | lsian Donot    | report originatio  | on program servic   | es such as HBO, ESPN, etc. Identify  |               |
|   |                  | -              |                    |                     | ation. For example, report multi   |               |
|   |                  |                | -                  | -                   | ch stream separately; for example  |               |
| WETA-simulcast).  |                  |                |                    | 41                  | tion for her other times are the sin in                                      |               |
|   |                  |                | -                  |                     | ation for broadcasting over-the-air ir<br>s may be different from the channe |               |
| on which your cable s   |                  |                |                    |                     | s may be different norm the channe   |               |
|   | •                |                | station is a netw  | ork station, an inc | dependent station, or a noncommercia   |               |
|   | 0                | ``             | <i>,</i> ,         | <b>`</b>            | icast), "I" (for independent), "I-M  |               |
| (for independent multi<br>For the meaning of the                            |                  |                |                    |                     | commercial educational multicast)  |               |
|   |                  |                |                    |                     | es". If not, enter "No". For an ex   |               |
| planation of local serv   |                  |                |                    |                     |  |               |
|   |                  |                |                    |                     | , stating the basis on which you   |               |
| cable system carried t  |                  | -              |                    | •                   | ntering "LAC" if your cable syster   |               |
|   | •                |                |                    |                     | ty payment because it is the subjec  |               |
|   |                  |                |                    |                     | ystem or an association representin  |               |
|   |                  |                | •                  | • •                 | ary transmitter, enter the designa   |               |
|   |                  |                |                    |                     | other basis, enter "O." For a furthe<br>ted in the paper SA3 form            |               |
|   |                  |                |                    |                     | ty to which the station is licensed by the                                   |               |
|   |                  |                |                    | •                   | th which the station is identifec  |               |
| Note: If you are utilizin   | ng multiple cha  | innel line-ups | , use a separate   | e space G for eacl  | h channel line-up.   |               |
|   | 1                | CHANN          | EL LINE-UP         | AP                  |  |               |
| 1. CALL   | 2. B'CAST        | 3. TYPE        | 4. DISTANT?        | 5. BASIS OF         | 6. LOCATION OF STATION   |               |
| SIGN  | CHANNEL          | OF             | (Yes or No)        | CARRIAGE            |  |               |
|   | NUMBER           | STATION        |                    | (If Distant)        |  |               |
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| FORM SA3E. PAGE 3.   |   |  |  |   |  |   |
|--|---|--|--|---|--|---|
| LEGAL NAME OF OWN  |   | STEM:  |  |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN  | NC.   |  |  |   | 006230   |   |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | N  |  |   |  |   |
| In General: In space (<br>carried by your cables)<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 fo<br>Column 1: List ead<br>cach multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by | G, identify ever<br>system during f<br>ions in effect o<br>S.61(e)(2) and d<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regula<br>there in space<br>only on a subs<br>and also in spa<br>formation cond<br>rm.<br>th station's call<br>associated with<br>A-2". Simulcast<br>e channel num<br>se. For example<br>ystem carried t<br>e in each case<br>y entering the le | y television s<br>the accountin<br>n June 24, 19<br>(4), or 76.63 (<br>d in the next<br>respect to an<br>ations, or autil<br>G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning subst<br>sign. Do not<br>h a station ac<br>streams mus<br>ber the FCC<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r | g period except<br>981, permitting ti<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (ti<br>ation was carrie<br>itute basis static<br>report originatio<br>ccording to its ov<br>it be reported in<br>has assigned to<br>hannel 4 in Wasi<br>station is a networ<br>hetwork), "N-M" | (1) stations carrie<br>he carriage of cer<br>51(e)(2) and (4))];<br>s carried by your<br>he Special Statem<br>ed both on a subst<br>ons, see page (v)<br>on program service<br>ver-the-air design<br>column 1 (list eac<br>the television stat<br>hington, D.C. This<br>ork station, an ind<br>(for network multi | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section:<br>and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>itute basis and also on some othe<br>of the general instructions located<br>es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi<br>ch stream separately; for example<br>tion for broadcasting over-the-air ir<br>s may be different from the channe<br>lependent station, or a noncommercia<br>cast), "I" (for independent), "I-M<br>commercial educational multicast) | G<br>Primary<br>Transmitters:<br>Television |
| planation of local servi<br>Column 5: If you h<br>cable system carried t<br>carried the distant stat<br>For the retransmiss<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give the   | ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statii<br>ion on a part-ti<br>sion of a distan<br>t entered into o<br>a primary trans<br>simulcasts, als<br>nee categories<br>e location of ea<br>Canadian statio   | e the local ser<br>age (v) of the<br>ces" in column<br>on during the<br>me basis bec<br>t multicast str<br>n or before J<br>smitter or an a<br>o enter "E". If<br>s, see page (v<br>ach station. Fo<br>ons, if any, giv  | vice area, (i.e. "<br>a general instruct<br>of 4, you must co-<br>accounting peri-<br>cause of lack of a<br>eam that is not<br>une 30, 2009, b<br>association repre-<br>f you carried the<br>() of the general<br>or U.S. stations,<br>we the name of t  | distant"), enter "Y<br>tions located in the<br>properties of the column 5,<br>iod. Indicate by er<br>activated channel<br>subject to a royal<br>etween a cable sy<br>esenting the prima<br>channel on any co-<br>instructions locat<br>list the community with  | es". If not, enter "No". For an ex<br>e paper SA3 form<br>stating the basis on which you<br>ntering "LAC" if your cable syster<br>capacity<br>y payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ed in the paper SA3 form<br>ty to which the station is licensed by the<br>h which the station is identifec  |   |
| Note: Il you are utilizir  | ig multiple cha   |  |  |   | r channer line-up.   |   |
|  |   | CHANN  | EL LINE-UP   | AQ  |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| LEGAL NAME OF OWN                                | IER OF CABLE SY                                      | STEM:  |  |   | SYSTEM ID#   |                               |
|--|--|--|--|---|--|-------------------------------|
| CABLE ONE, II                                    | NC.  |  |  |   | 006230   | Name                          |
| PRIMARY TRANSMITT                                | ERS: TELEVISI  | ON   |  |   |  |                               |
| carried by your cable s                          | system during<br>tions in effect o<br>5.61(e)(2) and | the accountin<br>in June 24, 19<br>(4), or 76.63 ( | g period except<br>981, permitting t<br>(referring to 76.6 | (1) stations carrie<br>he carriage of cer | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section:<br>and (2) certain stations carried on a | G<br>Primary<br>Transmitters: |
|  | Stations: With                                       | respect to an                                      | y distant station  | is carried by your                        | cable system on a substitute progran   | Television                    |
|  | here in space  | G-but do lis                                       |  | he Special Staten                         | nent and Program Log)—if the   |                               |
| • List the station here, basis. For further in   | and also in sp<br>formation con                      | ace I, if the st                                   |  |   | itute basis and also on some othe<br>of the general instructions located   |                               |
|  | ch station's call                                    | -  |  |   | es such as HBO, ESPN, etc. Identify  |                               |
| cast stream as "WETA                             |  |  | 0  | •   | ation. For example, report multi<br>ch stream separately; for example  |                               |
| WETA-simulcast).<br>Column 2: Give th            | e channel num  | ber the FCC  | has assigned to  | the television sta                        | tion for broadcasting over-the-air ir  |                               |
| its community of licens<br>on which your cable s |  |  | nannel 4 in Was  | hington, D.C. This                        | s may be different from the channe   |                               |
|  |  |  |  |   | lependent station, or a noncommercia<br>cast), "I" (for independent), "I-M   |                               |
|  | cast), "E" (for r                                    | oncommercia  | al educational),   | or "E-M" (for nonc                        | commercial educational multicast)  |                               |
| Column 4: If the st                              | ation is outside                                     | e the local ser                                    | vice area, (i.e. '   | ʻdistant"), enter "Y                      | es". If not, enter "No". For an ex   |                               |
|  | ave entered "Y                                       | es" in columr                                      | n 4, you must co   | mplete column 5,                          | stating the basis on which you   |                               |
| carried the distant stat                         | tion on a part-ti                                    | ime basis bec                                      | ause of lack of  | activated channel                         |  |                               |
|  |  |  |  |   | ty payment because it is the subjec<br>ystem or an association representin   |                               |
|  |  |  | •  | • .                                       | ary transmitter, enter the designa<br>other basis, enter "O." For a furthe   |                               |
|  |  |  |  |   | ed in the paper SA3 form<br>ty to which the station is licensed by the   |                               |
|  | Canadian statio                                      | ons, if any, giv                                   | ve the name of t   | the community wit                         | th which the station is identifed  |                               |
|  |  |  | EL LINE-UP   |   |  |                               |
| 1. CALL  | 2. B'CAST  | 3. TYPE  | 4. DISTANT?  | 5. BASIS OF                               | 6. LOCATION OF STATION   |                               |
| SIGN   | CHANNEL<br>NUMBER                                    | OF<br>STATION                                      | (Yes or No)  | CARRIAGE<br>(If Distant)                  |  |                               |
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| FORM SA3E. PAGE 3.  |   |   |  |   |  |   |
|---|---|---|--|---|--|---|
| LEGAL NAME OF OWN   |   | STEM:   |  |   | SYSTEM ID#   | Name  |
| CABLE ONE, IN   | NC.   |   |  |   | 006230   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON  |  |   |  |   |
| In General: In space (<br>carried by your cables)<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br>Substitute Basis S<br>basis under specifc FC<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 fc<br>Column 1: List ead<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable si<br>Column 3: Indicate<br>educational station, by | G, identify ever<br>system during<br>ions in effect o<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>in here in space<br>only on a subs<br>and also in sp<br>iformation con-<br>orm.<br>ch station's call<br>associated with<br>A-2". Simulcast<br>e channel num<br>se. For examply<br>ystem carried t<br>e in each case<br>y entering the lo | y television s<br>the accountin<br>on June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or autil<br>G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning subst<br>sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (t<br>ation was carried<br>itute basis static<br>report originatic<br>ccording to its or<br>it be reported in<br>has assigned to<br>hannel 4 in Was<br>station is a netw<br>network), "N-M" | (1) stations carrie<br>the carriage of cer<br>51(e)(2) and (4))];<br>as carried by your<br>the Special Staten<br>ed both on a subsi-<br>tons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list eac<br>the television stat<br>hington, D.C. This<br>ork station, an inc<br>(for network multi | as and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section:<br>and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>titute basis and also on some othe<br>of the general instructions locatec<br>es such as HBO, ESPN, etc. Identify<br>ation. For example, report multi<br>ch stream separately; for example<br>titon for broadcasting over-the-air ir<br>is may be different from the channe<br>dependent station, or a noncommercia<br>icast), "I" (for independent), "I-M | G<br>Primary<br>Transmitters:<br>Television |
| For the meaning of the<br>Column 4: If the st<br>planation of local serv<br>Column 5: If you h<br>cable system carried th<br>carried the distant stal<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br>Column 6: Give th<br>FCC. For Mexican or  | ese terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant stati<br>ion on a part-ti<br>sion of a distan<br>t entered into c<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian statio   | page (v) of the<br>e the local serving<br>reage (v) of the<br>res" in column<br>on during the<br>ime basis beco-<br>t multicast stro<br>on or before J<br>smitter or an a<br>so enter "E". If<br>s, see page (v<br>ach station. Fe<br>ons, if any, giv  | the general instru-<br>vice area, (i.e. '<br>general instruct<br>1 4, you must cc<br>accounting per<br>eause of lack of<br>ream that is not<br>une 30, 2009, b<br>association repri-<br>f you carried the<br>c) of the general<br>or U.S. stations,<br>we the name of the  | actions located in<br>'distant"), enter "Y<br>stions located in the<br>mplete column 5,<br>iod. Indicate by el<br>activated channel<br>subject to a royal<br>etween a cable se<br>esenting the prime<br>channel on any ca<br>instructions locat<br>, list the communit<br>the community with                          | Yes". If not, enter "No". For an ex<br>ne paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster<br>l capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec   |   |
| Note: If you are utilizin   | ng multiple cha   | nnel line-ups   | , use a separate   | e space G for eacl  | h channel line-up.   |   |
|   |   | CHANN   | EL LINE-UP   | AS  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.  |  |   |  |  |  |   |
|---|--|---|--|--|--|---|
| LEGAL NAME OF OWN   |  | STEM:   |  |  | SYSTEM ID#   | Name  |
| CABLE ONE, IN   | NC.  |   |  |  | 006230   |   |
| PRIMARY TRANSMITT   | ERS: TELEVISI  | ON  |  |  |  |   |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br><b>Substitute Basis s</b><br>basis under specifc FC   | system during<br>ions in effect o<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul  | the accountin<br>on June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or aut   | g period except<br>081, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:   | (1) stations carrie<br>the carriage of cer<br>61(e)(2) and (4))];<br>is carried by your  | as and low power television stations)<br>ed only on a part-time basis under<br>rtain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute progran<br>nent and Program Log)—if the   | G<br>Primary<br>Transmitters:<br>Television |
| basis. For further in<br>in the paper SA3 fc<br>Column 1: List eac<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the st<br>planation of local serv<br>Column 5: If you h<br>cable system carried t<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For | and also in sp<br>and also in sp<br>associated with<br>associated with<br>associated with<br>associated with<br>e channel num<br>se. For examply<br>ystem carried to<br>a in each case<br>of entering the life<br>cast), "E" (for r<br>asse terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statificition on a part-tificition of<br>a distant<br>t entered into c<br>a primary trans-<br>simulcasts, also | ace I, if the st<br>cerning subst<br>sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC<br>e, WRC is Cf<br>he station<br>whether the s<br>etter "N" (for r<br>noncommercia<br>page (v) of the<br>case ( | itute basis static<br>report originatic<br>coording to its or<br>it be reported in<br>has assigned to<br>nannel 4 in Was<br>station is a netw<br>network), "N-M"<br>al educational),<br>ne general instruc-<br>n 4, you must co<br>a accounting per<br>acuse of lack of<br>ream that is not<br>une 30, 2009, b<br>association repri- | ons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list each<br>of the television stat<br>hington, D.C. This<br>ork station, an inc<br>(for network multi<br>or "E-M" (for non-<br>uctions located in<br>'distant"), enter "Y<br>tions located in the<br>mplete column 5,<br>iod. Indicate by en<br>activated channel<br>subject to a royal<br>etween a cable sp<br>esenting the prime<br>e channel on any of | Yes". If not, enter "No". For an ex<br>ne paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster<br>I capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe |   |
| Column 6: Give the  | e location of ea<br>Canadian statio  | ach station. Fo   | or U.S. stations,<br>we the name of t  | , list the communi<br>the community wi   | ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>h channel line-up.   |   |
|   | 1  | CHANN   | EL LINE-UP   | AT   |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.   |   |   |  |  |  |   |
|--|---|---|--|--|--|---|
| LEGAL NAME OF OWN  |   | STEM:   |  |  | SYSTEM ID#   | Name  |
| CABLE ONE, IN  | NC  |   |  |  | 006230   |   |
| PRIMARY TRANSMITT  | ERS: TELEVISI   | ON  |  |  |  |   |
| In General: In space (<br>carried by your cables)<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba<br>Substitute program ba<br>Substitute Basis S<br>basis under specifc F(<br>• Do not list the station<br>station was carried<br>• List the station here,<br>basis. For further ir<br>in the paper SA3 fc<br>Column 1: List eace<br>each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).<br>Column 2: Give the<br>its community of licens<br>on which your cable sy<br>Column 3: Indicate<br>educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the st | G, identify ever<br>system during<br>ions in effect of<br>5.61(e)(2) and<br>sis, as explaine<br><b>Stations:</b> With<br>CC rules, regul<br>here in space<br>only on a subs<br>and also in sp<br>oformation com-<br>orm.<br>ch station's call<br>associated with<br>-2". Simulcast<br>e channel num<br>se. For exampl<br>ystem carried t<br>e in each case<br>y entering the li-<br>cast), "E" (for<br>rese terms, see<br>tation is outside | y television s<br>the accountin<br>on June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or autil<br>e G—but do lis<br>stitute basis<br>ace I, if the st<br>cerning subst<br>l sign. Do not<br>th a station ac<br>streams mus<br>ber the FCC I<br>e, WRC is Ch<br>he station<br>whether the s<br>etter "N" (for r<br>ioncommercia<br>page (v) of th | g period except<br>981, permitting t<br>(referring to 76.6<br>paragraph<br>y distant station<br>horizations:<br>st it in space I (tl<br>ation was carrie<br>itute basis static<br>report originatic<br>ccording to its ov<br>it be reported in<br>has assigned to<br>nannel 4 in Wasi<br>station is a netwo<br>network), "N-M"<br>al educational),<br>ne general instru-<br>vice area, (i.e. " | (1) stations carrie<br>the carriage of cer<br>61(e)(2) and (4))];<br>as carried by your<br>the Special Staten<br>ad both on a subst<br>ons, see page (v)<br>on program servic<br>ver-the-air design<br>column 1 (list ear<br>the television stat<br>hington, D.C. This<br>ork station, an inco<br>(for network multi<br>or "E-M" (for nonc<br>uctions located in<br>'distant"), enter "Y | es". If not, enter "No". For an ex   | G<br>Primary<br>Transmitters:<br>Television |
| cable system carried t<br>carried the distant stat<br>For the retransmiss<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). For   | ave entered "Y<br>he distant stati<br>tion on a part-ti<br>sion of a distan<br>t entered into c<br>a primary trans<br>simulcasts, als   | Yes" in column<br>on during the<br>ime basis bec<br>t multicast str<br>on or before J<br>smitter or an a<br>so enter "E". If  | A, you must co<br>accounting per<br>cause of lack of<br>ream that is not<br>une 30, 2009, b<br>association repre-<br>f you carried the   | omplete column 5,<br>iod. Indicate by er<br>activated channel<br>subject to a royal<br>etween a cable s<br>esenting the prime<br>channel on any of   | , stating the basis on which you<br>ntering "LAC" if your cable syster<br>I capacity<br>ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe |   |
| Column 6: Give the   | e location of ea<br>Canadian statio   | ach station. Fo<br>ons, if any, giv<br>nnel line-ups  | or U.S. stations,<br>ve the name of t  | , list the communi<br>the community wi<br>space G for eacl   | ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>h channel line-up.   |   |
|  | 0 DIOAOT  |   |  |  |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.                         |                      |                |                            |  |   |               |
|--|----------------------|----------------|----------------------------|--|---|---------------|
| LEGAL NAME OF OWN                          |                      | STEM:          |                            |  | SYSTEM ID#  | Name          |
| CABLE ONE, II                              | NC.                  |                |                            |  | 006230  |               |
| PRIMARY TRANSMITT                          | ERS: TELEVISI        | ON             |                            |  |   |               |
|  |                      |                | · · ·                      |  | as and low power television stations)                                     | G             |
|  | • •                  |                | • ·                        | . ,  | ed only on a part-time basis under  | G             |
|  |                      |                |                            |  | rtain network programs [section:<br>and (2) certain stations carried on a | Primary       |
| substitute program ba                      |                      | . ,            | · -                        | ()( <u>)</u> ( <u></u> |   | Transmitters: |
|  |                      | -              | •                          | is carried by your   | cable system on a substitute progran                                      | Television    |
| basis under specifc F(                     | -                    |                |                            | he Special Staten  | nent and Program Log)—if the  |               |
| station was carried                        | •                    |                | st it in space i (t        | ne opecial Staten  |   |               |
|  |                      |                | ation was carrie           | d both on a subs   | titute basis and also on some othe  |               |
|  |                      | cerning subst  | itute basis statio         | ons, see page (v)  | of the general instructions located                                       |               |
| in the paper SA3 for<br>Column 1: List eac |                      | sian Do not    | report originatio          | on program servic  | es such as HBO, ESPN, etc. Identify                                       |               |
|  |                      | -              |                            |  | ation. For example, report multi  |               |
|  | A-2". Simulcast      | streams mus    | t be reported in           | column 1 (list eac   | ch stream separately; for example   |               |
| WETA-simulcast).                           | e channel num        | ber the ECC    | has assigned to            | the television sta   | ation for broadcasting over-the-air ir                                    |               |
|  |                      |                | -                          |  | s may be different from the channe  |               |
| on which your cable s                      |                      |                |                            | 0  |   |               |
|  |                      |                |                            |  | dependent station, or a noncommercia                                      |               |
|  |                      | ``             | <i>,</i> ,                 | <b>`</b>   | icast), "I" (for independent), "I-M<br>commercial educational multicast)  |               |
| For the meaning of the                     |                      |                |                            |  |   |               |
|  |                      |                |                            |  | /es". If not, enter "No". For an ex                                       |               |
| planation of local serv                    |                      |                |                            |  | ne paper SA3 form<br>, stating the basis on which you                     |               |
|  |                      |                |                            |  | ntering "LAC" if your cable system  |               |
| carried the distant stat                   |                      | -              |                            | •  |   |               |
|  |                      |                |                            |  | ty payment because it is the subjec                                       |               |
|  |                      |                |                            |  | ystem or an association representin<br>ary transmitter, enter the designa |               |
|  |                      |                | •                          | • •  | other basis, enter "O." For a furthe                                      |               |
| explanation of these th                    | hree categories      | s, see page (v | ) of the general           | instructions locat   | ted in the paper SA3 form   |               |
|  |                      |                |                            |  | ty to which the station is licensed by the                                |               |
| Note: If you are utilizin                  |                      |                |                            | •  | th which the station is identifec<br>h channel line-up.                   |               |
|  |                      | CHANN          | EL LINE-UP                 | AV   |   |               |
| 4.0011                                     |                      |                |                            |  |   |               |
| 1. CALL<br>SIGN                            | 2. B'CAST<br>CHANNEL | 3. TYPE<br>OF  | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE  | 6. LOCATION OF STATION  |               |
| SIGN                                       | NUMBER               | STATION        | ````                       | (If Distant)   |   |               |
|  | HOMBER               |                |                            | (ii Diotaint)  |   |               |
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| FORM SA3E. PAGE 3.  |                 |                  |                   |                    |  |               |
|---|-----------------|------------------|-------------------|--------------------|--|---------------|
| LEGAL NAME OF OWN   | ER OF CABLE SY  | STEM:            |                   |                    | SYSTEM ID#   | Name          |
| CABLE ONE, I  | NC.             |                  |                   |                    | 006230   | Name          |
| PRIMARY TRANSMITT   | ERS: TELEVISI   | ON               |                   |                    |  |               |
|   |                 |                  | , <b>J</b>        |                    | s and low power television stations)<br>ed only on a part-time basis under | G             |
|   |                 |                  | • · ·             | . ,                | tain network programs [section:  | •             |
|   |                 |                  |                   |                    | and (2) certain stations carried on a                                      | Primary       |
| substitute program ba   |                 |                  |                   |                    |  | Transmitters: |
|   |                 | -                | •                 | is carried by your | cable system on a substitute progran                                       | Television    |
| <ul> <li>basis under specifc F0</li> <li>Do not list the station</li> </ul> |                 |                  |                   | he Special Staten  | nent and Program Log)—if the   |               |
| station was carried   | only on a subs  | stitute basis    |                   |                    |  |               |
| ,   |                 | ,                |                   |                    | titute basis and also on some othe<br>of the general instructions located  |               |
| in the paper SA3 for  |                 | serring subst    |                   | nis, see page (v)  | of the general manualions located  |               |
| · ·   |                 | sign. Do not     | report originatio | on program servic  | es such as HBO, ESPN, etc. Identify  |               |
|   |                 |                  | -                 | -                  | ation. For example, report multi   |               |
| WETA-simulcast).  | A-2°. Simulcast | streams mus      | at be reported in | column 1 (list ead | ch stream separately; for exampl∈  |               |
| ,   | e channel num   | ber the FCC      | has assigned to   | the television sta | tion for broadcasting over-the-air ir                                      |               |
| -   |                 |                  | nannel 4 in Was   | hington, D.C. This | s may be different from the channe   |               |
| on which your cable sy  | •               |                  | station is a netw | ork station an ind | lependent station, or a noncommercia                                       |               |
|   |                 |                  |                   |                    | cast), "I" (for independent), "I-M   |               |
|   |                 |                  |                   |                    | commercial educational multicast)  |               |
| For the meaning of the  |                 |                  |                   |                    |  |               |
| planation of local serv   |                 |                  |                   |                    | es". If not, enter "No". For an ex<br>be paper SA3 form                    |               |
|   |                 |                  |                   |                    | , stating the basis on which you   |               |
| -   |                 | -                | • ·               | -                  | ntering "LAC" if your cable syster   |               |
| carried the distant stat  | •               |                  |                   |                    | capacity<br>ty payment because it is the subjec                            |               |
|   |                 |                  |                   |                    | ystem or an association representin  |               |
|   |                 |                  |                   |                    | ary transmitter, enter the designa   |               |
|   |                 |                  |                   |                    | other basis, enter "O." For a furthe                                       |               |
|   |                 |                  |                   |                    | ed in the paper SA3 form<br>ty to which the station is licensed by the     |               |
| FCC. For Mexican or   | Canadian statio | ons, if any, giv | ve the name of t  | the community wit  | th which the station is identifec  |               |
| Note: If you are utilizin   | ng multiple cha | nnel line-ups    | , use a separate  | e space G for eacl | h channel line-up.   |               |
|   |                 | CHANN            | EL LINE-UP        | AW                 |  |               |
| 1. CALL   | 2. B'CAST       | 3. TYPE          | 4. DISTANT?       | 5. BASIS OF        | 6. LOCATION OF STATION   |               |
| SIGN  | CHANNEL         | OF<br>STATION    | (Yes or No)       | CARRIAGE           |  |               |
|   | NUMBER          | STATION          |                   | (If Distant)       |  |               |
|   |                 |                  |                   |                    |  |               |
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| Name                                   | LEGAL NAME OF C  |          | LE SYSTE | :M:                 |           |          |     | SYSTEM ID#<br>006230 |  |  |  |  |
|--|--|----------|----------|---------------------|-----------|----------|-----|----------------------|--|--|--|--|
| H<br>Primary<br>Transmitters:<br>Radio | <ul> <li>tters: 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.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).</li> </ul> |          |          |                     |           |          |     |                      |  |  |  |  |
|  | CALL SIGN  | AM or FM | S/D      | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION  |  |  |  |  |
|  |  |          |          |                     |           |          |     |                      |  |  |  |  |
| 1                                      |  |          |          |                     |           |          |     |                      |  |  |  |  |
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| FORM SA3E. PAGE 5.  |   |  |   |                                |                         |                      | PERIOD: 2020/1 |  |  |
|---|---|--|---|--------------------------------|-------------------------|----------------------|----------------|--|--|
| LEGAL NAME OF OWNER OF CABLE ONE, INC.  | CABLE SYST  | EM:  |   |                                |                         | SYSTEM ID#<br>006230 | Name           |  |  |
| SUBSTITUTE CARRIAGI   | E: SPECIA   |  | NT AND PROGRAM LOO  | 3                              |                         |                      |                |  |  |
| In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. |   |  |   |                                |                         |                      |                |  |  |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE   |   |  |   |                                |                         |                      |                |  |  |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program<br>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 pr    | ogram                |                |  |  |
| log in block 2.<br>2. LOG OF SUBSTITUTE   |   | MS   |   |                                |                         |                      |                |  |  |
| In General: List each subs<br>clear. If you need more spa<br>Column 1: Give the title<br>period, was broadcast by a   | titute progra<br>ace, please<br>of every no<br>distant stat | am on a separa<br>attach addition<br>nnetwork telev<br>ion and that yo | al pages.<br>ision program (substitute p<br>our cable system substitute   | program) that<br>d for the pro | t, during the account   | ting<br>er station   |                |  |  |
| 1 0   | ition. Do no<br>Lucy" or "NE<br>m was broad                 | ot use general o<br>3A Basketball:<br>dcast live, ente                 | categories like "movies", or<br>76ers vs. Bulls."<br>r "Yes." Otherwise enter "N                                    | r "basketball'<br>No."         |                         |                      |                |  |  |
| <b>Column 4:</b> Give the broat the case of Mexican or Car  | adcast station<br>nadian station                            | on's location (th<br>ons, if any, the                                  | asting the substitute progra<br>ne community to which the<br>community with which the<br>tem carried the substitute | station is lic station is ide  | entified).              |                      |                |  |  |
| first. Example: for May 7 gi  | ve "5/7."<br>es when the                                    | e substitute pro   | gram was carried by your  | cable systen                   | n. List the times acc   | urately              |                |  |  |
| stated as "6:00–6:30 p.m."  |   |  |   | •                              | ·                       |                      |                |  |  |
| to delete under FCC rules a gram was substituted for pr   | and regulati<br>rogramming                                  | ons in effect du   | 0   | l; enter the le                | etter "P" if the listed | pro                  |                |  |  |
| effect on October 19, 1976  | •   |  |   |                                |                         |                      |                |  |  |
| c   |   |  |   |                                | EN SUBSTITUTE           | 7. REASON            |                |  |  |
| 1. TITLE OF PROGRAM   | 2. LIVE?  | E PROGRAM<br>3. STATION'S  |   | 5. MONTH                       | 6. TIMES                | FOR<br>DELETION      |                |  |  |
| 1. TITLE OF PROGRAM   | Yes or No   | CALL SIGN  | 4. STATION'S LOCATION   | AND DAY                        | FROM —                  | го                   |                |  |  |
|   |   |  |   |                                |                         |                      |                |  |  |
|   |   |  |   |                                |                         |                      |                |  |  |
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|                                   |                 |      |               |               |      |               |        |                 | SYSTEM ID# |  |
|-----------------------------------|-----------------|------|---------------|---------------|------|---------------|--------|-----------------|------------|--|
| Name                              | LEGAL NAME OF C |      | E SYSTEM:     |               |      |               |        |                 | 006230     |  |
| J<br>Part-Time<br>Carriage<br>Log |                 |      |               |               |      |               |        |                 |            |  |
|                                   |                 |      | DAT           | TES AND HOURS | DF F | PART-TIME CAF | RRIAGE |                 |            |  |
|                                   |                 | WHEN | I CARRIAGE OC | CURRED        |      |               | WHEN   | I CARRIAGE OCCL | JRRED      |  |
|                                   | CALL SIGN       |      |               | DURS          |      | CALL SIGN     | DATE   | HOUF            |            |  |
|                                   |                 | DATE | FROM          | то            |      |               | DATE   | FROM            | TO         |  |
|                                   |                 |      |               |               |      |               |        |                 |            |  |
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| FORM  | SA3E. PAGE 7.   |                 |            |            |  |  |  |  |  |
|---|---|-----------------|------------|------------|--|--|--|--|--|
| LEGA  | AL NAME OF OWNER OF CABLE SYSTEM:   |                 |            | SYSTEM ID# | Name   |  |  |  |  |
| CA  | BLE ONE, INC.   |                 |            | 006230     | Nume   |  |  |  |  |
| 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.  |   |                 |            |            |  |  |  |  |  |
|   |   |                 |            |            |  |  |  |  |  |
| <ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <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> <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> </ul> |   |                 |            |            |  |  |  |  |  |
|   | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be<br>k 3 below.   | c chich         |            |            |  |  |  |  |  |
|   | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e  | entered         | l on line  | 2 in block |  |  |  |  |  |
| ▶ If pa   | elow.<br>art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.  | uld be          | entered    | on line    |  |  |  |  |  |
|   |   |                 |            |            |  |  |  |  |  |
| Block<br>1  | <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       \$ 886,208.68         Line 2. Multiply the amount in line 1 by 0.01064       • • • • • • • • • • • • • • • • • • •  |                 |            |            |  |  |  |  |  |
|   | Enter the result here.<br>This is your minimum fee. \$ 9,429.26   |                 |            |            |  |  |  |  |  |
| Block<br>2  | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block.         • Did your cable system carry any distant television stations during the accounting period year.         X         Yes—Complete the DSE schedule. | nn 4, yo<br>od? | ou must    | check      |  |  |  |  |  |
| Block<br>3  | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero   |                 | \$         | 4,026.46   |  |  |  |  |  |
|   | Line 2. 3.75 Fee: 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   | <u> </u>        |            |            |  |  |  |  |  |
|   | here  | \$              |            | 4,026.46   |  |  |  |  |  |
| Block<br>4  | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee<br>from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,<br>whichever is larger   |                 | \$         | 9,429.26   | Cable systems  |  |  |  |  |
|   | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7<br>(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter   | r               |            | 0.00       | submitting<br>additional   |  |  |  |  |
|   | zero.<br>Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9<br>(Interest Worksheet)   |                 |            | 0.00       | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |  |  |  |  |
|   | Line 4. FILING FEE  |                 | \$         | 725.00     | additional fees.<br>Division for the                                   |  |  |  |  |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.<br>Add Lines 1, 2 and 3 of block 4 and enter total here  | \$              |            | 10,154.26  | appropriate<br>form for<br>submitting the<br>additional fees.          |  |  |  |  |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (<br>general instructions located in the paper SA3 form for more information.)   | See pa          | ige (i) of | the        |  |  |  |  |  |

## ACCOUNTING PERIOD: 2020/1

| ACCOUNTING PERI      | DD: 2020/1   |  | FORM SA3E. PAGE 8.             |
|----------------------|--|--|--------------------------------|
| Name                 |  | YSTEM:   | SYSTEM ID#<br>006230           |
|                      | CABLE ONE, INC.  |  | 006230                         |
|                      | CHANNELS   |  |                                |
| Μ                    |  | (1) the number of channels on which the cable system carried television bro  |                                |
| Channels             | to its subscribers and (2) the                                   | cable system's total number of activated channels, during the accounting pe  | riod.                          |
|                      | 1. Enter the total number of                                     | hannels on which the cable   | 13                             |
|                      | system carried television b                                      | oadcast stations   |                                |
|                      | 2. Enter the total number of                                     | activated channels   |                                |
|                      |  | carried television broadcast stations  | 248                            |
|                      | and nonbroadcast services  |  | 248                            |
|                      |  |  |                                |
| Ν                    |  | CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual   |                                |
| Individual to        | we can contact about this sta                                    |  |                                |
| Be Contacted         |  |  |                                |
| for Further          | Name EMERSON Y   | EARWOOD Tele   | ephone 602-364-6195            |
| Information          |  |  |                                |
|                      | Address 210 E. EARL  | DRIVE<br>route, apartment, or suite number)  |                                |
|                      | PHOENIX, AZ  | · · · · · · · · · · · · · · · · · · ·  |                                |
|                      | (City, town, state, zip  |  |                                |
|                      | Email emer   | son.yearwood@cableone.biz Fax (optional) 602   | 2-364-6013                     |
|                      |  |  |                                |
|                      |  | ent of account must be certifed and signed in accordance with Copyright Off  | ice regulations )              |
| 0                    | CERTIFICATION (This statem                                       |  |                                |
| Certifcation         | • I, the undersigned, hereby ce                                  | rtify that (Check one, but only one, of the boxes.)  |                                |
|                      |  |  |                                |
|                      | (Owner other than corpor   | ation or partnership) I am the owner of the cable system as identifed in line 1 o  | í space B; or                  |
|                      | (Agent of owner other the  | n corporation or partnership) I am the duly authorized agent of the owner of th  | a cable system as identified   |
|                      |  | I that the owner is not a corporation or partnership; or   | e dable system as identified   |
|                      | (Officer or partner) I am  | n officer (if a corporation) or a partner (if a partnership) of the legal entity identife  | d as owner of the cable system |
|                      | in line 1 of space B.  |  |                                |
|                      |  | nt of account and hereby declare under penalty of law that all statements of fact of   |                                |
|                      | are true, complete, and correct<br>[18 U.S.C., Section 1001(1986 | t to the best of my knowledge, information, and belief, and are made in good faith<br>)]   |                                |
|                      |  |  |                                |
|                      |  |  |                                |
|                      |  |  |                                |
|                      |  | /s/ Raymond Storck   |                                |
|                      | Enter a  | n electronic signature on the line above using an "/s/" signature to certify this statem   | ent.                           |
|                      |  | / John Smith). Before entering the first forward slash of the /s/ signature, place your<br>then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo |                                |
|                      |  |  |                                |
|                      | lyped  | or printed name: <b>RAYMOND STORCK</b>   |                                |
|                      |  |  |                                |
|                      |  |  |                                |
|                      | Title:   | VICE PRESIDENT<br>(Title of official position held in corporation or partnership)  |                                |
|                      |  |  |                                |
|                      | Date:  | August 28, 2020  |                                |
|                      |  |  |                                |
|                      |  | ed States Code authorizes the Copyright Offce to collect the personally identifying ir   |                                |
| form in order to pro | cess your statement of account. P                                | I is any personal information that can be used to identify or trace an individual, such  | as name, address and telephor  |

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 sufficiency of the filing, a determination that would be made by a court of lay

| FORM SA3E, PA | AGE9 |
|---------------|------|
|---------------|------|

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006230  | Name                                      |
|---|---|---|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIO<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Co<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the<br>service of providing secondary transmissions of primary broadcast transmitters, t<br>scribers and amounts collected from subscribers receiving secondary transmission | opyright Act by adding the fol-<br>e cable system for the basic<br>he system shall not include sub- | P<br>Special<br>Statement                 |
| For more information on when to exclude these amounts, see the note on page (vii) of th paper SA3 form.<br>During the accounting period did the cable system exclude any amounts of gross receipt made by actallite carriers to actallite dish surgers?   | -   | Concerning<br>Gross Receipts<br>Exclusion |
| made by satellite carriers to satellite dish owners?         X       NO         YES. Enter the total here and list the satellite carrier(s) below   | \$  |   |
| Name<br>Mailing Address Mailing Address   |   |   |
|   |   |   |
| You must complete this worksheet for those royalty payments submitted as a result of a For an explanation of interest assessment, see page (viii) of the general instructions in the  |   | Q   |
| Line 1 Enter the amount of late payment or underpayment   |   | Interest<br>Assessment                    |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | x<br><br>xdays  |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | <b>-</b>  |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)  |   |   |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.po<br>contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.   | (interest charge)<br>f. For further assistance please   |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one d  | ay late.  |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted<br>please list below the owner, address, first community served, accounting period, and ID<br>filing.  |   |   |
| Owner<br>Address  |   |   |
| First community served<br>Accounting period<br>ID number  |   |   |
| Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the   | personally identifying information (PII) requested on th  |   |

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the 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 DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

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

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

 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 Subscriber Groups |                        |               |                             |              |  |
|---|--------------------------|--|--------------------|-------------------------------------|------------------------|---------------|-----------------------------|--------------|--|
| In most cases                               | under current FCC        | STATION  | DSE                | CITY                                | OUTSIDE LOCAL          |               | GROSS RECEIPTS              |              |  |
| rules, all of F                             | airvale 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 wou                                | ld be within the local   | D (part-time)  | 0.139              | Bodega Bay                          | Stations A and C       |               | 70,000.00                   |              |  |
| service areas of                            | of stations B, D, and E. | E (network)  | 0.25               | Fairvale                            | Stations B, D, and E   |               | 120,000.00                  |              |  |
|   |                          | TOTAL DSEs   | 2.472              |                                     | TOTAL GROSS RECEIPTS   |               | \$600,000.00                |              |  |
|   | 1>                       | Minimum Fee Total Gross  | Receipts           |                                     | \$600,000.00           |               |                             |              |  |
| Santa Rosa Stations A and C<br>35 mile zone |                          |  | •                  |                                     | x .01064               |               |                             |              |  |
|   |                          |  |                    |                                     | \$6,384.00             |               |                             |              |  |
| ·/  |                          | First Subscriber Group   |                    | Second Subscriber Group             |                        |               | Third Subscriber Group      |              |  |
|   |                          | (Santa Rosa)   |                    | (Rapid City and                     | City and Bodega Bay)   |               | (Fairvale)                  |              |  |
|   | Fairvale                 |  |                    |                                     |                        |               |                             |              |  |
|   |                          | 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     |  |
| Bay   |                          | \$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   |  |
| Station                                     | ns B, D,                 | Total Base Bate Fee: \$6 4   | 197 20 + \$1 907 7 | 71 + \$1 604 03 =                   | \$10 008 94            |               |                             |              |  |
| l an  |                          | <b>Total Base Rate Fee:</b> \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94<br>In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7) |                    |                                     |                        |               |                             |              |  |
| <b>3</b> 5 mil                              | e zone                   | in this example, the cable s   | system would ent   | ει φτ0,000.94 III                   | Space L, DIOCK         | o, me i (paye | ()                          |              |  |

## DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                          | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |       |           |     |           |     |  |  |  |  |  |  |
|----------------------------|---|-------|-----------|-----|-----------|-----|--|--|--|--|--|--|
| -                          | CABLE ONE, INC. 006230  |       |           |     |           |     |  |  |  |  |  |  |
|                            | SUM OF DSEs OF CATEGOR<br>• Add the DSEs of each statior<br>Enter the sum here and in line  |       | 0.50      |     |           |     |  |  |  |  |  |  |
| 2                          | Instructions:<br>In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5   |       |           |     |           |     |  |  |  |  |  |  |
| Computation<br>of DSEs for | of space G (page 3).<br>In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-<br>mercial educational station, give the DSE as ".25." |       |           |     |           |     |  |  |  |  |  |  |
| Category "O"               |   |       |           |     |           |     |  |  |  |  |  |  |
| Stations                   | CALL SIGN   | DSE   | CALL SIGN | DSE | CALL SIGN | DSE |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            | WMPN  | 0.250 |           |     |           |     |  |  |  |  |  |  |
|                            | WWL   | 0.250 |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
| Add rows as                |   |       |           |     |           |     |  |  |  |  |  |  |
| necessary.                 |   |       |           |     |           |     |  |  |  |  |  |  |
| Remember to copy           |   |       |           |     |           |     |  |  |  |  |  |  |
| all formula into new       |   |       |           |     |           |     |  |  |  |  |  |  |
| rows.                      |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |
|                            |   |       |           |     |           |     |  |  |  |  |  |  |

|  | L | lannan lan lan lan lan lan lan lan lan l |  |
|--|---|--|--|

DSE SCHEDULE. PAGE 12. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 006230 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 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. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for 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 Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel SA3 form. Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 3. NUMBER 5. TYPE 1 CALL 2. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS CARRIAGE VALUE CARRIED BY STATION VALUE SYSTEM ON AIR ÷ ÷ = x = х = ÷ = x = ÷ = x = SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 2 of part 5 of this schedule, ...... Instructions: 4 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. 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). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4 DSF OF DAYS SIGN OF SIGN OF OF DAYS PROGRAMS IN YEAR PROGRAMS IN YEAR ÷ = ÷ = ÷ ÷ = ÷ = = ÷ = ÷ ÷...... = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, ..... 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.50 1. Number of DSEs from part 2 • Total Number of DSEs 2. Number of DSEs from part 3 • 0.00 0.00 3. Number of DSEs from part 4 • TOTAL NUMBER OF DSEs 0.50

| ACCOUNTING I | PERIOD: | 2020/1 |
|--------------|---------|--------|
|--------------|---------|--------|

| DSE SCHEDULE. P                                | AGE 13.  |   |   |  |  |  |  | ACCOUNTIN           | IG PERIOD: 2020/1                                   |
|--|--|---|---|--|--|--|--|---------------------|---|
| LEGAL NAME OF C<br>CABLE ONE, I                | WNER OF CABLE S  | SYSTEM:   |   |  |  |  | S  | YSTEM ID#<br>006230 | Namo  |
| In block A:                                    | ck A must be comp<br>"Yes," leave the re   |   | art 6 and part 7  | 7 of the DSE sched   | lule blank and   | l complete par   | t 8, (page 16) of th   | e                   | 6   |
| <ul> <li>If your answer if</li> </ul>          | "No," complete blo   | cks B and C   |   |  |  |  |  |                     | Computation of                                      |
|  | - 1  |   |   | FELEVISION M   |  |  | 00   | -41 1               | Computation of<br>3.75 Fee                          |
| effect on June 24,                             | 1981?  | schedule—D  |   | ler markets as defi  |  |  | CC rules and regul   | ations in           |   |
|  |  | BLO   | CK B: CARF  | RIAGE OF PERI  | MITTED DS  | Es   |  |                     | •   |
| Column 1:<br>CALL SIGN                         | under FCC rules  | of distant sta<br>and regulatic<br>e DSE Scheo  | ations listed in<br>ns prior to Jun<br>dule. (Note: Th  | part 2, 3, and 4 of<br>e 25, 1981. For fur<br>e letter M below re  | this schedule<br>ther explanati  | that your syste  | em was permitted t<br>d stations, see the<br>stream as set forth | -                   |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | <ul> <li>(Note the FCC ru</li> <li>A Stations carrie<br/>76.61(b)(c)]</li> <li>B Specialty statio</li> <li>C Noncommerica</li> <li>D Grandfathered<br/>instructions fo</li> <li>E Carried pursua</li> <li>*F A station previous</li> </ul> | les and regul<br>ed pursuant t<br>on as defined<br>al educationa<br>I station (76.6<br>r DSE sched<br>ant to individu<br>viously carrie<br>HF station w | ations cited be<br>o the FCC mar<br>In 76.5(kk) (70<br>I station [76.59<br>55) (see paragi<br>ule).<br>Ial waiver of FC<br>d on a part-tim<br>ithin grade-B c | 6.59(d)(1), 76.61(e<br>9(c), 76.61(d), 76.6<br>raph regarding sub<br>CC rules (76.7)<br>e or substitute bas<br>ontour, [76.59(d)(5 | e in effect on<br>5.57, 76.59(b),<br>)(1), 76.63(a)<br>3(a) referring<br>stitution of gra<br>is prior to Jun | June 24, 1981<br>76.61(b)(c), 7<br>referring to 76<br>to 76.61(d)]<br>andfathered st<br>e 25, 1981 | 6.63(a) referring to<br>6.61(e)(1)                               |                     |   |
| Column 3:                                      |  | e stations ide  | ntified by the le   | parts 2, 3, and 4 o<br>etter "F" in column 2   |  |  | orksheet on page 1   | l4 of               |   |
| 1. CALL<br>SIGN                                | 2. PERMITTED<br>BASIS  | 3. DSE  | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS  | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS  | 3. DSE              |   |
|  |  |   |   |  |  |  |  |                     |   |
|  |  |   |   |  |  |  |  |                     |   |
|  |  |   |   |  |  |  |  |                     |   |
|  |  |   |   |  |  |  |  |                     |   |
|  |  |   |   |  |  |  |  | 0.00                |   |
|  |  |   |   |  |  |  |  | 0.00                | -   |
|  |  | E   | BLOCK C: CC   | MPUTATION OF   | F 3.75 FEE   |  |  |                     | -   |
| Line 1: Enter the                              | total number of  | DSEs from   | part 5 of this  | schedule   |  |  |  |                     |   |
| Line 2: Enter the                              | sum of permittee   | d DSEs fron   | n block B abo   | ve   |  |  |  |                     |   |
|  |  |   |   | of DSEs subject<br>7 of this schedule  |  | ate.   |  |                     |   |
| Line 4: Enter gro                              | ss receipts from   | space K (pa   | age 7)  |  |  |  | x 0.03   | 375                 | Do any of the<br>DSEs represent<br>partially        |
| Line 5: Multiply li                            | ne 4 by 0.0375 a   | and enter su  | m here  |  |  |  | ×  |                     | permited/<br>partially<br>nonpermitted<br>carriage? |
| Line 6: Enter tota                             | al number of DSE   | Es from line  | 3   |  |  |  |  |                     | If yes, see part<br>9 instructions.                 |
| Line 7: Multiply li                            | ine 6 by line 5 an   | d enter here  | e and on line   | 2, block 3, space  | L (page 7)   |  |  | 0.00                |   |

| Na             | LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       CABLE ONE, INC.     006230 |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
|----------------|--|-----------------------|-----------------|--------|-----------------------|-----------------|--------|-----------------------|-----------------|--|--|--|--|
|                |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| 6              | 3. DSE   | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN | 3. DSE | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN | 3. DSE | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN |  |  |  |  |
| Comput<br>3.75 |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| 3.75           |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| l              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| I              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
| 1              |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |
|                |  |                       |                 |        |                       |                 |        |                       |                 |  |  |  |  |

|   | -  |   |                           |  |  | DSE SCHEDULE. PAGE 14. |  |  |  |  |  |
|---|--|---|---------------------------|--|--|------------------------|--|--|--|--|--|
|   | LEGAL NAME OF OWN  | NER OF CABLE SYSTE                                | M:                        |  |  | SYSTEM ID#             |  |  |  |  |  |
| Name  | CABLE ONE, IN  | NC.   |                           |  |  | 006230                 |  |  |  |  |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | <ul> <li>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.)</li> <li>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.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         <ul> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>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)).</li> <li>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)).</li> <li>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.</li> <li>Column 5: Indicate the SE 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.</li> </ul> </li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.</li> </ul> |   |                           |  |  |                        |  |  |  |  |  |
|   |  |   |                           |  | AND SUBSTITUTE BAS   |                        |  |  |  |  |  |
|   | 1. CALL  | 2. PRIOR  | 3. ACCOUNTING             | 4. BASIS OF                              | 5. PRESENT   | 6. PERMITTED           |  |  |  |  |  |
|   | SIGN   | 2. PRIOR<br>DSE                                   | 3. ACCOUNTING<br>PERIOD   | 4. BASIS OF<br>CARRIAGE                  | 5. PRESENT<br>DSE  | 0. PERMITTED           |  |  |  |  |  |
|   | OION   | DOL   | TERIOD                    | OANNAGE                                  | DOL  | DOL                    |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
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|   |  |   |                           |  |  |                        |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
| 7<br>Computation<br>of the  | Instructions: Block A must be completed.<br>In block A:<br>If your answer is "Yes," complete blocks B and C, below.<br>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   |  |   |                           |  |  |                        |  |  |  |  |  |
| Surcharge   | <ul> <li>Is any portion of the or</li> </ul>   | cable system within a t                           | op 100 major television m | arket as defned by section               | on 76.5 of FCC rules in eff  | ect June 24, 1981?     |  |  |  |  |  |
|   | Yes—Complete   | e blocks B and C .                                |                           | X No—Procee                              | d to part 8  |                        |  |  |  |  |  |
|   |  |   |                           |  | ٦٢   |                        |  |  |  |  |  |
|   | BLOCK B: C   | arriage of VHF/Grade                              | B Contour Stations        | BLOCK C: Computation of Exempt DSEs      |  |                        |  |  |  |  |  |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca  | n block B of part 6 the<br>ion that places a grac | primary stream of a       | Was any station li<br>nity served by the | Was any station listed in block B of part 7 carried in any commu-<br>nity served by the cable system prior to March 31, 1972? (refer<br>to former FCC rule 76.159) |                        |  |  |  |  |  |
|   | Yes—List each s  | tation below with its app                         | propriate permitted DSE   | Yes—List ead                             | ch station below with its app  | ropriate permitted DSE |  |  |  |  |  |
|   | X No—Enter zero a  | and proceed to part 8.                            |                           | X No—Enter ze                            | ero and proceed to part 8.   |                        |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
|   | CALL SIGN  | DSE CA  | LL SIGN DSE               | CALL SIGN                                | DSE CA   | LL SIGN DSE            |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
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|   |  |   |                           |  |  |                        |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
|   |  |   |                           |  |  |                        |  |  |  |  |  |
|   |  | TO  | TAL DSEs 0.00             | )    <u> </u>                            | тот  | AL DSEs 0.00           |  |  |  |  |  |
|   |  | L   | 1                         | -  |  |                        |  |  |  |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CABLE ONE, INC. 006230  | Name                                |
|---------------|---|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                                     |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7) <b>886,208.68</b>  | 7                                   |
| Section<br>2  | A. Enter the total DSEs from block B of part 7 0.00   | Computation                         |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | of the<br>Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8  | Surcharge                           |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.   |                                     |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                                     |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)  |                                     |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on  |                                     |
|               | line C in section 2) and enter here           D. Multiply line B by line C and enter here   |                                     |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                                     |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  |                                     |
|               | C. Multiply line B by 3.000 and enter here  |                                     |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)  |                                     |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |                                     |
|               | F. Multiply line D by line E and enter here   |                                     |
|               | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                                     |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                                     |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?   |                                     |
| Section<br>4a | Yes—Complete part 9 of this schedule. No—Complete the applicable section below.   |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.<br>A. Enter 0.00300 of gross receipts (the amount in section 1)  |                                     |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)  |                                     |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here   |                                     |
|               | D. Multiply line B by line C and enter here   |                                     |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                                     |

| ACCOUNTING PERIOD                              |  |  | JLE. PAGE 16        |
|--|--|--|---------------------|
| Name   |  | ME OF OWNER OF CABLE SYSTEM: SCABLE ONE, INC.  | ¥STEM ID#<br>006230 |
|  |  |  |                     |
| 7  | Section<br>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<br>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)   | _                   |
|  |  | 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.<br>Enter here and on line 2, block 4, space L (page 7)   |                     |
|  |  | Syndicated Exclusivity Surcharge   |                     |
| <b>8</b><br>Computation<br>of<br>Base Rate Fee | You m<br>6 was<br>• In blo<br>• If you<br>• If you<br>blank<br>What i<br>were lo | <ul> <li>ctions:</li> <li>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.</li> <li>teck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>in answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>in answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo</li> <li>s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local servations.</li> </ul> | w                   |
|  | Service  |  |                     |
|  |  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |                     |
|  |  | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |                     |
|  | <u>L</u>   |  |                     |
|  | Section  | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |                     |
|  | 1  | Enter the amount of gross receipts from space K (page 7)   |                     |
|  | Section<br>2   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"<br>use the total number of DSEs from part 5.)  |                     |
|  | Section<br>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.<br>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.<br>A. Enter 0.01064 of gross receipts<br>(the amount in section 1)  |                     |
|  |  | B. Enter 0.00701 of gross receipts (the amount in section 1)   |                     |
|  |  | C. Subtract 1.000 from total DSEs<br>(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<br>and in block 3, line 1, space L (page 7)  |                     |
|  |  | Base Rate Fee  | 0.00                |

## DSE SCHEDULE. PAGE 17.

| LEGAL N         | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |                           |
|-----------------|--|---------------------------|
| CABL            | LE ONE, INC. 006230  | Name                      |
| Section         | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.  |                           |
| 4               |  | 8                         |
|                 | A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$   |                           |
|                 |  |                           |
|                 | B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$  | Computation<br>of         |
|                 |  | Base Rate Fee             |
|                 | C. Multiply line B by 3.000 and enter here <b>5</b>  |                           |
|                 | D. Enter 0.00330 of gross receipts   |                           |
|                 | (the amount in section 1)► \$  |                           |
|                 | E. Subtract 4.000 from total DSEs  |                           |
|                 | (the figure in section 2) and enter here   |                           |
|                 | F. Multiply line D by line E and enter here  |                           |
|                 | G. Add lines A, C, and F. This is your base rate fee   |                           |
|                 | Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 0.00   |                           |
|                 |  |                           |
|                 | RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals   |                           |
|                 | stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-<br>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                        |
|                 | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same  | Base Rate Fee<br>and      |
| station         | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of  | Syndicated<br>Exclusivity |
|                 | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.<br>Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | Surcharge                 |
| -               | 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   | for<br>Partially          |
| must a          | lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.<br>er, if your cable system is wholly located outside all major television markets, complete block A only.  | Distant<br>Stations, and  |
|                 | b Identify a Subscriber Group for Partially Distant Stations   | for Partially             |
|                 | : For each community served, determine the local service area of each wholly distant and each partially distant station you  | Permitted<br>Stations     |
|                 | to that community.   |                           |
| outside         | : For each wholly distant and each partially distant station you carried, determine which of your subscribers were located<br>the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by<br>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   |                           |
|                 | iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable<br>will have only one subscriber group when the distant stations it carried have local service areas that coincide.  |                           |
|                 | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber 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<br>ibers 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,<br>6 of this schedule.  |                           |
| •               | he DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                           |
| • Calcu         | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions   |                           |
|                 | e paper SA3 form.  |                           |
| page.<br>DSEs f | 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<br>In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total<br>for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show<br>ctual calculations on the form. |                           |

| Nama | LEGAL NAME OF OWNER OF CABLE SYSTEM: SY   | YSTEM ID# |
|------|---|-----------|
| Name | CABLE ONE, INC.   | 006230    |
|      | Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals   |           |
|      | Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and   |           |
|      | partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. |           |
|      | Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant  |           |
|      | signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by  |           |
|      | .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported   |           |
|      | for each part 9 used in steps 1 and 2 must equal the amount reported in space K.  |           |
|      | Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant  |           |
|      | signals from step 1 that is subject to this surcharge.<br>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.   |           |
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| CABLE ONE, INC.          |       |                                      |        |                       |          |                                     | 006230     | Name              |
|--------------------------|-------|--------------------------------------|--------|-----------------------|----------|-------------------------------------|------------|-------------------|
| В                        |       |                                      |        | TE FEES FOR EACH      |          |                                     | 15         |                   |
| COMMUNITY/ AREA          |       | SUBSCRIBER GROU<br>aven, Lincoln Co. |        | COMMUNITY/ AREA       |          | SUBSCRIBER GROU<br>, Magnolia, Pike |            | 9                 |
| CALL SIGN                | DSE   | CALL SIGN                            | DSE    | CALL SIGN             | DSE      | CALL SIGN                           | DSE        | Computation<br>of |
| WWL                      | 0.25  | ONLE OIGH                            | DOL    | WWL                   | 0.25     |                                     | DOL        | Base Rate Fee     |
|                          |       |                                      |        | WMPN                  | 0.25     |                                     |            | and               |
|                          |       |                                      |        |                       |          |                                     |            | Syndicated        |
|                          |       |                                      |        |                       |          |                                     |            | Exclusivity       |
|                          |       |                                      |        |                       |          |                                     |            | Surcharge<br>for  |
|                          |       |                                      |        |                       |          | -                                   |            | Partially         |
|                          |       |                                      |        |                       |          |                                     |            | Distant           |
|                          |       |                                      |        |                       |          |                                     |            | Stations          |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
| Total DSEs               |       |                                      | 0.25   | Total DSEs            |          |                                     | 0.50       |                   |
| Gross Receipts First Gro | oup   | \$ 258                               | 712.35 | Gross Receipts Secon  | d Group  | <u>s 6</u>                          | 627,496.33 |                   |
| Base Rate Fee First Gro  | oup   | \$                                   | 688.17 | Base Rate Fee Secon   | d Group  | \$                                  | 3,338.28   |                   |
|                          | THIRD | SUBSCRIBER GROU                      | D C    |                       |          |                                     |            |                   |
| COMMUNITY/ AREA          |       |                                      | 0      |                       |          |                                     | 0          |                   |
| CALL SIGN                | DSE   | CALL SIGN                            | DSE    | CALL SIGN             | DSE      | CALL SIGN                           | DSE        |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          | -                                   |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          | -                                   |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
| Total DSEs               |       |                                      | 0.00   | Total DSEs            | <u> </u> |                                     | 0.00       |                   |
| Gross Receipts Third Gr  | oup   | \$                                   | 0.00   | Gross Receipts Fourth | Group    | \$                                  | 0.00       |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
| Base Rate Fee Third G    | oup   | \$                                   | 0.00   | Base Rate Fee Fourth  | Group    | \$                                  | 0.00       |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |
|                          |       |                                      |        |                       |          |                                     |            |                   |

|                                   |         |                              |      | TE FEES FOR EAG    |                 |                  |      |                     |
|-----------------------------------|---------|------------------------------|------|--------------------|-----------------|------------------|------|---------------------|
|                                   |         | SUBSCRIBER GRO               |      |                    |                 | I SUBSCRIBER GRO | UP   |                     |
| COMMUNITY/ AREA                   |         |                              | 0    | COMMUNITY/ ARE     | 9<br>Computatio |                  |      |                     |
| CALL SIGN                         | DSE     | CALL SIGN                    | DSE  | CALL SIGN          | DSE             | CALL SIGN        | DSE  | of                  |
|                                   |         |                              |      |                    |                 |                  |      | Base Rate Fe        |
|                                   |         |                              |      |                    |                 |                  |      | and<br>Syndicated   |
|                                   |         |                              |      |                    |                 |                  |      | Exclusivity         |
|                                   |         |                              |      |                    |                 |                  |      | Surcharge           |
|                                   |         | -                            |      |                    |                 |                  |      | for                 |
|                                   |         |                              |      |                    |                 |                  |      | Partially           |
|                                   |         |                              |      |                    |                 |                  |      | Distant<br>Stations |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
| Total DSEs                        |         |                              | 0.00 | Total DSEs         |                 |                  | 0.00 |                     |
| Gross Receipts First              | Group   | \$                           | 0.00 | Gross Receipts Sec | ond Group       | \$               | 0.00 |                     |
| Base Rate Fee First Group \$ 0.00 |         |                              |      | Base Rate Fee Sec  | ond Group       | \$               | 0.00 |                     |
|                                   | SEVENTH | SUBSCRIBER GRO               | )UP  |                    | EIGHTH          | I SUBSCRIBER GRO | UP   |                     |
| COMMUNITY/ AREA                   |         |                              | 0    | COMMUNITY/ ARE     |                 |                  |      |                     |
| CALL SIGN                         | DSE     | CALL SIGN                    | DSE  | CALL SIGN          | DSE             | CALL SIGN        | DSE  |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
|                                   |         |                              |      |                    |                 |                  |      |                     |
| Total DSEs                        |         |                              | 0.00 | Total DSEs         | ·               |                  | 0.00 |                     |
| Gross Receipts Third              | Group   | \$                           | 0.00 | Gross Receipts Fou | rth Group       | <u>\$</u>        | 0.00 |                     |
| Base Rate Fee Third               | Group   | \$                           | 0.00 | Base Rate Fee Fou  | rth Group       | \$               | 0.00 |                     |
|                                   |         | <b>te fees</b> for each subs |      | <u>II</u>          |                 |                  |      | •                   |

|                                    |          |                |      | TE FEES FOR EAG                  |           |                  |      |                      |
|------------------------------------|----------|----------------|------|----------------------------------|-----------|------------------|------|----------------------|
|                                    |          | SUBSCRIBER GRC |      |                                  |           | I SUBSCRIBER GRO | UP   | 9                    |
| COMMUNITY/ AREA                    |          |                | 0    | COMMUNITY/ ARE                   | A         |                  | 0    |                      |
| CALL SIGN                          | DSE      | CALL SIGN      | DSE  | CALL SIGN                        | DSE       | CALL SIGN        | DSE  | Computatior<br>of    |
|                                    |          |                |      |                                  |           |                  |      | Base Rate Fe         |
|                                    |          | -              |      |                                  |           |                  |      | and<br>Syndicated    |
|                                    |          |                |      |                                  |           |                  |      | Exclusivity          |
|                                    |          |                |      |                                  |           |                  |      | Surcharge            |
|                                    |          |                |      |                                  |           |                  |      | for<br>Deutiellu     |
|                                    |          |                |      |                                  |           |                  |      | Partially<br>Distant |
|                                    |          |                |      |                                  |           |                  |      | Stations             |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
| Fotal DSEs                         |          |                | 0.00 | Total DSEs                       |           |                  | 0.00 |                      |
| Gross Receipts First               | Group    | \$             | 0.00 | Gross Receipts Sec               | ond Group | \$               | 0.00 |                      |
| Base Rate Fee First Group \$ 0.00  |          |                |      | Base Rate Fee Sec                | ond Group | \$               | 0.00 |                      |
|                                    | ELEVENTH | SUBSCRIBER GRO | )UP  |                                  |           |                  |      |                      |
| COMMUNITY/ AREA                    |          |                | 0    | COMMUNITY/ AREA 0                |           |                  |      |                      |
| CALL SIGN                          | DSE      | CALL SIGN      | DSE  | CALL SIGN                        | DSE       | CALL SIGN        | DSE  |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          | -              |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
|                                    |          |                |      |                                  |           |                  |      |                      |
| Fotal DSEs                         |          |                | 0.00 | Total DSEs                       |           |                  | 0.00 |                      |
|                                    | Group    | \$             | 0.00 | Total DSEs<br>Gross Receipts Fou | rth Group | <u>S</u>         | 0.00 |                      |
| Total DSEs<br>Gross Receipts Third | Group    | s              | 0.00 |                                  | rth Group |                  |      |                      |
| Gross Receipts Third               | -        | s              |      |                                  |           | s<br>s           |      |                      |
|                                    | -        |                | 0.00 | Gross Receipts Fou               |           |                  | 0.00 |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | OF CABLI | E SYSTEM:       |                       |                          |             | S               | YSTEM ID#<br>006230 | Name              |  |
|--|----------|-----------------|-----------------------|--------------------------|-------------|-----------------|---------------------|-------------------|--|
|  |          |                 |                       | TE FEES FOR EACH         |             |                 |                     |                   |  |
|  | RTEENTH  | SUBSCRIBER GROU |                       | 11                       | JRTEENTH    | SUBSCRIBER GROU | IP<br>0             | 9                 |  |
| COMMUNITY/ AREA                                |          |                 | 0                     | COMMUNITY/ AREA          | Computation |                 |                     |                   |  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE                   | CALL SIGN                | DSE         | CALL SIGN       | DSE                 | of                |  |
|  |          |                 |                       |                          |             |                 |                     | Base Rate Fee     |  |
|  |          |                 |                       |                          |             |                 |                     | and<br>Syndicated |  |
|  |          | -               |                       |                          |             |                 |                     | Exclusivity       |  |
|  |          |                 |                       |                          |             | -               |                     | Surcharge         |  |
|  |          | -               |                       |                          |             | -               |                     | for<br>Partially  |  |
|  |          |                 |                       |                          |             |                 |                     | Distant           |  |
|  |          |                 |                       |                          |             |                 |                     | Stations          |  |
|  |          | -               |                       |                          |             |                 |                     |                   |  |
|  |          |                 |                       |                          |             |                 |                     |                   |  |
|  |          |                 |                       |                          |             |                 |                     |                   |  |
|  |          |                 |                       |                          |             |                 |                     |                   |  |
| Total DSEs                                     |          |                 | 0.00                  | Total DSEs               |             |                 | 0.00                |                   |  |
| Gross Receipts First Gro                       | oup      | \$              | 0.00                  | Gross Receipts Secon     | d Group     | \$              | 0.00                |                   |  |
|  | ·        |                 |                       |                          |             |                 |                     |                   |  |
| Base Rate Fee First Gro                        | oup      | \$              | 0.00                  | Base Rate Fee Secon      | d Group     | \$              | 0.00                |                   |  |
|  | TEENTH   | SUBSCRIBER GROU |                       | s                        |             |                 |                     |                   |  |
| COMMUNITY/ AREA                                |          |                 | 0                     | COMMUNITY/ AREA          |             |                 |                     |                   |  |
| 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 Fourth | Group                    | \$          | 0.00            |                     |                   |  |
|  |          |                 |                       |                          |             |                 |                     |                   |  |
| Base Rate Fee Third Gr                         | oup      | \$              | 0.00                  | Base Rate Fee Fourth     | Group       | \$              | 0.00                |                   |  |
|  |          |                 |                       |                          |             |                 |                     |                   |  |
| Base Rate Fee: Add the Enter here and in block |          |                 | iber group a          | as shown in the boxes al | oove.       | \$              |                     |                   |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | OF CABL                            | E SYSTEM:       |              |                         |             | S               | YSTEM ID#<br>006230 | Name              |
|--|------------------------------------|-----------------|--------------|-------------------------|-------------|-----------------|---------------------|-------------------|
|  |                                    |                 |              | TE FEES FOR EACH        | SUBSCR      | IBER GROUP      |                     |                   |
|  | ITEENTH                            | SUBSCRIBER GROU |              | ii                      | GHTEENTH    | SUBSCRIBER GROU | JP<br>0             | 9                 |
| COMMUNITY/ AREA                                |                                    |                 | 0            | COMMUNITY/ AREA         | Computation |                 |                     |                   |
| CALL SIGN                                      | DSE                                | CALL SIGN       | DSE          | CALL SIGN               | DSE         | CALL SIGN       | DSE                 | of                |
|  |                                    |                 |              |                         |             |                 |                     | Base Rate Fee     |
|  |                                    |                 |              |                         |             |                 |                     | and<br>Syndicated |
|  |                                    | -               |              |                         |             | -               |                     | Exclusivity       |
|  |                                    |                 |              |                         |             | -               |                     | Surcharge         |
|  |                                    |                 |              |                         |             | -               |                     | for<br>Partially  |
|  |                                    |                 |              |                         |             |                 |                     | Distant           |
|  |                                    |                 |              |                         |             |                 |                     | Stations          |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    | -               |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 | 0.00                |                   |
| Total DSEs                                     |                                    |                 | 0.00         | Total DSEs              |             |                 |                     |                   |
| Gross Receipts First Gro                       | oup                                | \$              | 0.00         | Gross Receipts Secon    | a Group     | \$              | 0.00                |                   |
| Base Rate Fee First Gro                        | oup                                | \$              | 0.00         | Base Rate Fee Secon     | d Group     | \$              | 0.00                |                   |
|  | ITEENTH                            | SUBSCRIBER GROU |              | Т                       |             |                 |                     |                   |
| COMMUNITY/ AREA                                |                                    |                 | 0            | COMMUNITY/ AREA         |             |                 |                     |                   |
| CALL SIGN                                      | DSE                                | CALL SIGN       | DSE          | CALL SIGN               | DSE         | CALL SIGN       | DSE                 |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    | -               |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             | -               |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
| Total DSEs                                     |                                    |                 | 0.00         | Total DSEs              |             | 11              | 0.00                |                   |
| Gross Receipts Third Gr                        | Gross Receipts Third Group \$ 0.00 |                 |              | Gross Receipts Fourth   | Group       | \$              | 0.00                |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
| Base Rate Fee Third Gr                         | oup                                | \$              | 0.00         | Base Rate Fee Fourth    | Group       | \$              | 0.00                |                   |
|  |                                    |                 |              |                         |             |                 |                     |                   |
| Base Rate Fee: Add the Enter here and in block |                                    |                 | iber group a | as shown in the boxes a | bove.       | \$              |                     |                   |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.            | OF CABLI | E SYSTEM:       |              |                          |             | S         | YSTEM ID#<br>006230 | Name                 |
|---|----------|-----------------|--------------|--------------------------|-------------|-----------|---------------------|----------------------|
|   |          |                 |              | TE FEES FOR EACH         |             |           |                     |                      |
| TWEN<br>COMMUNITY/ AREA                           | TY-FIRST | SUBSCRIBER GROU | IP<br>0      | TWENT                    | JP<br>0     | 9         |                     |                      |
|   |          |                 | •            |                          | Computation |           |                     |                      |
| CALL SIGN   | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE         | CALL SIGN | DSE                 | of<br>Dece Data Fee  |
|   |          |                 |              |                          |             |           |                     | Base Rate Fee<br>and |
|   |          |                 |              |                          |             |           |                     | Syndicated           |
|   |          |                 |              |                          |             |           |                     | Exclusivity          |
|   |          |                 |              |                          |             |           |                     | Surcharge<br>for     |
|   |          |                 |              |                          |             |           |                     | Partially            |
|   |          |                 |              |                          |             |           |                     | Distant              |
|   |          |                 |              |                          |             |           |                     | Stations             |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
| Total DSEs  |          |                 | 0.00         | Total DSEs               |             |           |                     |                      |
| Gross Receipts First Gro                          | oup      | \$              | 0.00         | Gross Receipts Secon     | d Group     | \$        | 0.00                |                      |
| Base Rate Fee First Gro                           | oup      | \$              | 0.00         | Base Rate Fee Secon      | d Group     | \$        | 0.00                |                      |
|   | Y-THIRD  | SUBSCRIBER GROU |              | TWENT                    |             |           |                     |                      |
| COMMUNITY/ AREA                                   |          |                 | 0            | COMMUNITY/ AREA          |             |           |                     |                      |
| CALL SIGN   | DSE      | CALL SIGN       | DSE          | CALL SIGN                | DSE         | CALL SIGN | DSE                 |                      |
|   |          |                 |              |                          |             | -         |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             | -         |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             | -         |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
|   |          |                 |              |                          |             |           |                     |                      |
| Total DSEs  |          |                 | 0.00         | Total DSEs               |             |           | 0.00                |                      |
| Gross Receipts Third G                            | oup      | \$              | 0.00         | Gross Receipts Fourth    | Group       | \$        | 0.00                |                      |
| Base Rate Fee Third G                             | oup      | \$              | 0.00         | Base Rate Fee Fourth     | Group       | \$        | 0.00                |                      |
| Base Rate Fee: Add the<br>Enter here and in block |          |                 | iber group a | as shown in the boxes al | bove.       | \$        |                     |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABL | E SYSTEM:       |              |                          |             | S         | VSTEM ID#<br>006230 | Name                 |
|---|-----------|-----------------|--------------|--------------------------|-------------|-----------|---------------------|----------------------|
|   |           |                 |              | TE FEES FOR EACH         |             |           |                     |                      |
| TWEN<br>COMMUNITY/ AREA                           | TY-FIFTH  | SUBSCRIBER GROU | IP<br>0      | TWEI                     | JP<br>0     | 9         |                     |                      |
|   |           |                 | <b>.</b>     |                          | Computation |           |                     |                      |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE         | CALL SIGN | DSE                 | of<br>Dece Data Fac  |
|   |           |                 |              |                          |             |           |                     | Base Rate Fee<br>and |
|   |           |                 |              |                          |             |           |                     | Syndicated           |
|   |           |                 |              |                          |             |           |                     | Exclusivity          |
|   |           |                 |              |                          |             |           |                     | Surcharge<br>for     |
|   |           |                 |              |                          |             |           |                     | Partially            |
|   |           |                 |              |                          |             |           |                     | Distant              |
|   |           |                 |              |                          |             |           |                     | Stations             |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           | -               |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |             |           | 0.00                |                      |
| Gross Receipts First Gro                          | oup       | \$              | 0.00         | Gross Receipts Secon     | d Group     | \$        | 0.00                |                      |
| Base Rate Fee First Gr                            | oup       | \$              | 0.00         | Base Rate Fee Secon      | d Group     | \$        | 0.00                |                      |
|   | SEVENTH   | SUBSCRIBER GROU |              | TWENT                    |             |           |                     |                      |
| COMMUNITY/ AREA                                   |           |                 | 0            | COMMUNITY/ AREA          |             |           |                     |                      |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE         | CALL SIGN | DSE                 |                      |
|   |           | -               |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           | -               |              |                          |             | -         |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             | -         |                     |                      |
|   |           |                 |              |                          |             | -         |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
|   |           |                 |              |                          |             |           |                     |                      |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |             |           | 0.00                |                      |
| Gross Receipts Third G                            | roup      | \$              | 0.00         | Gross Receipts Fourth    | Group       | \$        | 0.00                |                      |
| Base Rate Fee Third G                             | roup      | \$              | 0.00         | Base Rate Fee Fourth     | Group       | \$        | 0.00                |                      |
| Base Rate Fee: Add the<br>Enter here and in block |           |                 | iber group a | as shown in the boxes al | bove.       | \$        |                     |                      |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.                   | R OF CABL              | E SYSTEM:       |                |                         |                   | S         | YSTEM ID#<br>006230 | Name                |  |
|--|------------------------|-----------------|----------------|-------------------------|-------------------|-----------|---------------------|---------------------|--|
|  |                        |                 |                | TE FEES FOR EACH        |                   |           |                     |                     |  |
| TWENT  | Y-NINTH                | SUBSCRIBER GROU | <u>ле</u><br>О | COMMUNITY/ AREA         | THIRTIETH         | 9         |                     |                     |  |
|  |                        |                 |                |                         | COMMUNITY/ AREA 0 |           |                     |                     |  |
| CALL SIGN  | DSE                    | CALL SIGN       | DSE            | CALL SIGN               | DSE               | CALL SIGN | DSE                 | of<br>Base Rate Fee |  |
|  |                        |                 |                |                         |                   |           |                     | and                 |  |
|  |                        |                 |                |                         |                   | =<br>=    |                     | Syndicated          |  |
|  |                        | -               |                |                         |                   | -         |                     | Exclusivity         |  |
|  |                        |                 |                |                         |                   |           |                     | Surcharge<br>for    |  |
|  |                        |                 |                |                         |                   |           |                     | Partially           |  |
|  |                        |                 |                |                         |                   |           |                     | Distant<br>Stations |  |
|  |                        | -               |                |                         |                   | -         |                     | Stations            |  |
|  |                        |                 |                |                         |                   |           |                     |                     |  |
|  |                        | -               |                |                         |                   |           |                     |                     |  |
|  |                        |                 |                |                         |                   |           |                     |                     |  |
|  |                        |                 |                |                         |                   |           |                     |                     |  |
| Total DSEs   |                        |                 | 0.00           | Total DSEs              |                   |           | 0.00                |                     |  |
| Gross Receipts First Gro                                 | oup                    | \$              | 0.00           | Gross Receipts Secon    | d Group           | \$        | 0.00                |                     |  |
| Base Rate Fee First Gro                                  | oup                    | \$              | 0.00           | Base Rate Fee Secon     | d Group           | \$        | 0.00                |                     |  |
|  | TY-FIRST               | SUBSCRIBER GROU |                | THIRT                   | ,                 |           |                     |                     |  |
| COMMUNITY/ AREA  |                        |                 | 0              | COMMUNITY/ AREA         |                   |           |                     |                     |  |
| CALL SIGN  | DSE                    | CALL SIGN       | DSE            | CALL SIGN               | DSE               | CALL SIGN | DSE                 |                     |  |
|  |                        | -               |                |                         |                   | _         |                     |                     |  |
|  |                        | -               |                |                         |                   |           |                     |                     |  |
|  |                        |                 |                |                         |                   | _         |                     |                     |  |
|  |                        |                 |                |                         |                   |           |                     |                     |  |
|  |                        |                 |                |                         |                   |           |                     |                     |  |
|  |                        |                 |                |                         |                   | _         |                     |                     |  |
|  |                        |                 |                |                         |                   | -         |                     |                     |  |
|  |                        |                 |                |                         |                   | -         |                     |                     |  |
|  |                        |                 |                |                         |                   | -         |                     |                     |  |
|  |                        |                 |                |                         |                   |           |                     |                     |  |
|  |                        |                 |                |                         |                   |           |                     |                     |  |
| Total DSEs   |                        |                 | 0.00           | Total DSEs              |                   |           | 0.00                |                     |  |
| Gross Receipts Third G                                   | roup                   | \$              | 0.00           | Gross Receipts Fourth   | Group             | \$        | 0.00                |                     |  |
| Base Rate Fee Third Group \$ 0.00                        |                        |                 | 0.00           | Base Rate Fee Fourth    | Group             | \$        | 0.00                |                     |  |
| <b>Base Rate Fee:</b> Add the<br>Enter here and in block |                        |                 | riber group a  | as shown in the boxes a | bove.             | \$        |                     |                     |  |
|  | , <b>.</b> ., <b>o</b> |                 |                |                         |                   |           |                     |                     |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABL | E SYSTEM:       |              |                          |                  | S               | YSTEM ID#<br>006230 | Name                     |  |
|---|-----------|-----------------|--------------|--------------------------|------------------|-----------------|---------------------|--------------------------|--|
|   |           |                 |              | TE FEES FOR EACH         |                  |                 |                     |                          |  |
| THIR<br>COMMUNITY/ AREA                           | ry-third  | SUBSCRIBER GROU | IP<br>0      | THIRT<br>COMMUNITY/ AREA | Y-FOURTH         | SUBSCRIBER GROU | JP<br>0             | 9                        |  |
|   |           |                 |              |                          | COMMUNITY/AREA 0 |                 |                     |                          |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE              | CALL SIGN       | DSE                 | of<br>Base Rate Fee      |  |
|   |           |                 |              |                          |                  |                 |                     | and                      |  |
|   |           |                 |              |                          |                  |                 |                     | Syndicated               |  |
|   |           |                 |              |                          |                  |                 |                     | Exclusivity<br>Surcharge |  |
|   |           | -               |              |                          |                  |                 |                     | for                      |  |
|   |           |                 |              |                          |                  |                 |                     | Partially<br>Distant     |  |
|   |           |                 |              |                          |                  |                 |                     | Stations                 |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |                  |                 | 0.00                |                          |  |
| Gross Receipts First Gr                           | oup       | \$              | 0.00         | Gross Receipts Second    | d Group          | \$              | 0.00                |                          |  |
| Base Rate Fee First Gr                            | oup       | \$              | 0.00         | Base Rate Fee Second     | d Group          | \$              | 0.00                |                          |  |
| THIR  | TY-FIFTH  | SUBSCRIBER GROU | IP           | ТНІ                      |                  |                 |                     |                          |  |
| COMMUNITY/ AREA                                   |           |                 | 0            | COMMUNITY/ AREA          |                  |                 |                     |                          |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE              | CALL SIGN       | DSE                 |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  | -<br>-          |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           | -               |              |                          |                  | -               |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
|   |           |                 |              |                          |                  |                 |                     |                          |  |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |                  |                 | 0.00                |                          |  |
| Gross Receipts Third G                            | roup      | \$              | 0.00         | Gross Receipts Fourth    | Group            | \$              | 0.00                |                          |  |
| Base Rate Fee Third Group \$ 0.00                 |           |                 | 0.00         | Base Rate Fee Fourth     | Group            | \$              | 0.00                |                          |  |
| Base Rate Fee: Add the<br>Enter here and in block |           |                 | iber group a | as shown in the boxes at | oove.            | \$              |                     |                          |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | OF CABL | E SYSTEM:       |               |                          |                  | S                     | YSTEM ID#<br>006230 | Name                     |  |
|--|---------|-----------------|---------------|--------------------------|------------------|-----------------------|---------------------|--------------------------|--|
|  |         |                 |               | TE FEES FOR EACH         |                  |                       |                     |                          |  |
| THIRTY-S                                       | SEVENTH | SUBSCRIBER GROU | JP<br>0       | THIRT<br>COMMUNITY/ AREA | Y-EIGHTH         | SUBSCRIBER GROU       | P<br>0              | 9                        |  |
|  |         |                 |               |                          | COMMUNITY/AREA U |                       |                     |                          |  |
| CALL SIGN                                      | DSE     | CALL SIGN       | DSE           | CALL SIGN                | DSE              | CALL SIGN             | DSE                 | of<br>Base Rate Fee      |  |
|  |         |                 |               |                          |                  |                       |                     | and                      |  |
|  |         |                 |               |                          |                  | -                     |                     | Syndicated               |  |
|  |         |                 |               |                          |                  |                       |                     | Exclusivity<br>Surcharge |  |
|  |         | -               |               |                          |                  |                       |                     | for                      |  |
|  |         |                 |               |                          |                  |                       |                     | Partially<br>Distant     |  |
|  |         |                 |               |                          |                  | -                     |                     | Stations                 |  |
|  |         |                 |               |                          |                  | -                     |                     |                          |  |
|  |         |                 |               |                          |                  | -                     |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
| Total DSEs                                     |         |                 | 0.00          | Total DSEs               |                  | 1                     | 0.00                |                          |  |
| Gross Receipts First Gro                       | auc     | \$              | 0.00          | Gross Receipts Second    |                  |                       |                     |                          |  |
| •  |         |                 |               |                          |                  | <u>\$</u>             |                     |                          |  |
| Base Rate Fee First Gro                        |         | \$              | 0.00          | Base Rate Fee Second     |                  | \$<br>SUBSCRIBER GROU | 0.00                |                          |  |
|  | Y-NINTH | SUBSCRIBER GROU | JP<br>0       | COMMUNITY/ AREA          |                  |                       |                     |                          |  |
| COMMUNITY/ AREA                                |         |                 | U             |                          |                  |                       |                     |                          |  |
| CALL SIGN                                      | DSE     | CALL SIGN       | DSE           | CALL SIGN                | DSE              | CALL SIGN             | DSE                 |                          |  |
|  |         | -               |               |                          |                  |                       |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
|  |         | -               |               |                          |                  |                       |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
|  |         |                 |               |                          |                  | -                     |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
|  |         | -               |               |                          |                  |                       |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
|  |         |                 |               |                          |                  |                       |                     |                          |  |
|  |         |                 | 0.00          |                          |                  |                       | 0.00                |                          |  |
|  |         |                 | 0.00          | Total DSEs               | Group            | e                     | 0.00                |                          |  |
| Gioss Receipts i nira Gi                       | oup     | <u>\$</u>       | 0.00          | Gross Receipts Fourth    | Group            | <u>\$</u>             | 0.00                |                          |  |
| Base Rate Fee Third Gr                         | roup    | \$              | 0.00          | Base Rate Fee Fourth     | Group            | \$                    | 0.00                |                          |  |
|  |         |                 |               | 11                       |                  |                       |                     |                          |  |
| Base Rate Fee: Add the Enter here and in block |         |                 | riber group a | as shown in the boxes ab | oove.            | \$                    |                     |                          |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABL | E SYSTEM:       |              |                          |         | S               | YSTEM ID#<br>006230 | Name                     |
|---|-----------|-----------------|--------------|--------------------------|---------|-----------------|---------------------|--------------------------|
|   |           |                 |              | TE FEES FOR EACH         |         |                 |                     |                          |
| FOR<br>COMMUNITY/ AREA                            | TY-FIRST  | SUBSCRIBER GROU | IP<br>0      | FORTY<br>COMMUNITY/ AREA | -SECOND | SUBSCRIBER GROU | JP<br>0             | 9                        |
|   |           |                 |              |                          |         |                 | <b>.</b>            | Computation              |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN       | DSE                 | of<br>Base Rate Fee      |
|   |           |                 |              |                          |         |                 |                     | and                      |
|   |           |                 |              |                          |         |                 |                     | Syndicated               |
|   |           |                 |              |                          |         | -               |                     | Exclusivity<br>Surcharge |
|   |           |                 |              |                          |         |                 |                     | for                      |
|   |           |                 |              |                          |         |                 |                     | Partially<br>Distant     |
|   |           |                 |              |                          |         |                 |                     | Stations                 |
|   |           |                 |              |                          |         |                 |                     |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |         |                 | 0.00                |                          |
| Gross Receipts First Gr                           | oup       | \$              | 0.00         | Gross Receipts Second    | d Group | \$              | 0.00                |                          |
| Base Rate Fee First Gr                            | oup       | \$              | 0.00         | Base Rate Fee Second     |         |                 |                     |                          |
|   | Y-THIRD   | SUBSCRIBER GROU |              | FORT                     |         |                 |                     |                          |
| COMMUNITY/ AREA                                   |           |                 | 0            | COMMUNITY/ AREA          |         |                 |                     |                          |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN       | DSE                 |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
|   |           |                 |              |                          |         | -               |                     |                          |
|   |           |                 |              |                          |         | -               |                     |                          |
|   |           | -               |              |                          |         | -<br>-          |                     |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
|   |           | -               |              |                          |         |                 |                     |                          |
|   |           |                 |              |                          |         | -               |                     |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
|   |           |                 |              |                          |         |                 |                     |                          |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |         |                 | 0.00                |                          |
| Gross Receipts Third G                            | roup      | \$              | 0.00         | Gross Receipts Fourth    | Group   | \$              | 0.00                |                          |
| Base Rate Fee Third Group \$ 0.00                 |           |                 | 0.00         | Base Rate Fee Fourth     | Group   | \$              | 0.00                |                          |
| Base Rate Fee: Add the<br>Enter here and in block |           |                 | iber group a | as shown in the boxes at | oove.   | \$              |                     |                          |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.            | R OF CABL | E SYSTEM:       |              |                          |                   | S               | YSTEM ID#<br>006230 | Name                 |  |
|---|-----------|-----------------|--------------|--------------------------|-------------------|-----------------|---------------------|----------------------|--|
|   |           |                 |              | TE FEES FOR EACH         |                   |                 |                     |                      |  |
| FOR<br>COMMUNITY/ AREA                            | TY-FIFTH  | SUBSCRIBER GROU | IP<br>0      |                          | RTY-SIXTH         | SUBSCRIBER GROU |                     | 9                    |  |
|   |           |                 |              |                          | COMMUNITY/ AREA 0 |                 |                     |                      |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE               | CALL SIGN       | DSE                 | of                   |  |
|   |           |                 |              |                          |                   |                 |                     | Base Rate Fee<br>and |  |
|   |           | -               |              |                          |                   |                 |                     | Syndicated           |  |
|   |           |                 |              |                          |                   |                 |                     | Exclusivity          |  |
|   |           |                 |              |                          |                   | -               |                     | Surcharge<br>for     |  |
|   |           |                 |              |                          |                   |                 |                     | Partially            |  |
|   |           |                 |              |                          |                   |                 |                     | Distant              |  |
|   |           | -               |              |                          |                   | -               |                     | Stations             |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           | -               |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |                   |                 | 0.00                |                      |  |
| Gross Receipts First Gro                          | oup       | \$              | 0.00         | Gross Receipts Secon     | d Group           | \$              | 0.00                |                      |  |
| Base Rate Fee First Gro                           | oup       | \$              | 0.00         | Base Rate Fee Secon      | d Group           | \$              | 0.00                |                      |  |
|   | SEVENTH   | SUBSCRIBER GROU |              | FORT                     |                   |                 |                     |                      |  |
| COMMUNITY/ AREA                                   |           |                 | 0            | COMMUNITY/ AREA          |                   |                 |                     |                      |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE               | CALL SIGN       | DSE                 |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           | -               |              |                          |                   | -               |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   | -               |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   | -               |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
|   |           |                 |              |                          |                   |                 |                     |                      |  |
| Total DSEs  |           |                 | 0.00         | Total DSEs               |                   |                 | 0.00                |                      |  |
| Gross Receipts Third G                            | roup      | \$              | 0.00         | Gross Receipts Fourth    | Group             | \$              | 0.00                |                      |  |
| Base Rate Fee Third G                             | roup      | \$              | 0.00         | Base Rate Fee Fourth     | Group             | \$              | 0.00                |                      |  |
| Base Rate Fee: Add the<br>Enter here and in block |           |                 | iber group a | as shown in the boxes al | oove.             | \$              |                     |                      |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | R OF CABL | E SYSTEM:       |                |                         |          | S               | 6YSTEM ID#<br>006230 | Name                     |  |
|--|-----------|-----------------|----------------|-------------------------|----------|-----------------|----------------------|--------------------------|--|
|  |           |                 |                | TE FEES FOR EACH        |          |                 |                      |                          |  |
| FOR<br>COMMUNITY/ AREA                         | Y-NINTH   | SUBSCRIBER GROU | <u>ле</u><br>О | COMMUNITY/ AREA         | FIFTIETH | SUBSCRIBER GROU | JP<br>0              | 9                        |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE            | CALL SIGN               | DSE      | CALL SIGN       | DSE                  | of<br>Base Rate Fee      |  |
|  |           |                 |                |                         |          |                 |                      | and                      |  |
|  |           |                 |                |                         |          |                 |                      | Syndicated               |  |
|  |           | -               |                |                         |          |                 |                      | Exclusivity<br>Surcharge |  |
|  |           | -               |                |                         |          |                 |                      | for                      |  |
|  |           |                 |                |                         |          |                 |                      | Partially                |  |
|  |           |                 |                |                         |          |                 |                      | Distant<br>Stations      |  |
|  |           | -               |                |                         |          |                 |                      | otations                 |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
|  |           | -               |                |                         |          |                 |                      |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
| Total DSEs                                     |           |                 | 0.00           | Total DSEs              |          |                 | 0.00                 |                          |  |
| Gross Receipts First Gr                        | oup       | \$              | 0.00           | Gross Receipts Secon    | d Group  | \$              | 0.00                 |                          |  |
| Base Rate Fee First Gr                         | oup       | \$              | 0.00           | Base Rate Fee Secon     | nd Group | \$              | 0.00                 |                          |  |
|  | TY-FIRST  | SUBSCRIBER GROL |                | FIFT                    |          |                 |                      |                          |  |
| COMMUNITY/ AREA                                |           |                 | 0              | COMMUNITY/ AREA         |          |                 |                      |                          |  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE            | CALL SIGN               | DSE      | CALL SIGN       | DSE                  |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
|  |           | -               |                |                         |          | -               |                      |                          |  |
|  |           |                 |                | · ······                |          |                 |                      |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
|  |           | -               |                |                         |          |                 |                      |                          |  |
|  |           |                 |                |                         |          | <b>_</b>        |                      |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
|  |           |                 |                |                         |          | -               |                      |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
|  |           |                 |                |                         |          |                 |                      |                          |  |
| Total DSEs                                     |           |                 | 0.00           | Total DSEs              |          |                 | 0.00                 |                          |  |
| Gross Receipts Third G                         | roup      | \$              | 0.00           | Gross Receipts Fourth   | n Group  | \$              | 0.00                 |                          |  |
| Base Rate Fee Third Group \$ 0.00              |           |                 | 0.00           | Base Rate Fee Fourth    | n Group  | \$              | 0.00                 |                          |  |
| Base Rate Fee: Add the Enter here and in block |           |                 | riber group a  | as shown in the boxes a | bove.    | \$              |                      |                          |  |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.         | R OF CABL | E SYSTEM:       |                       |                         |          | S               | YSTEM ID#<br>006230 | Name                 |
|--|-----------|-----------------|-----------------------|-------------------------|----------|-----------------|---------------------|----------------------|
| BI   | LOCK A:   | COMPUTATION OF  | BASE RA               | TE FEES FOR EACH        | SUBSCR   | IBER GROUP      |                     |                      |
|  | ry-third  | SUBSCRIBER GROU |                       | 11                      | Y-FOURTH | SUBSCRIBER GROU |                     | 9                    |
| COMMUNITY/ AREA 0                              |           |                 | COMMUNITY/ AREA       | COMMUNITY/ AREA 0       |          |                 |                     |                      |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                   | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | Computation<br>of    |
|  |           |                 |                       |                         |          |                 |                     | Base Rate Fee        |
|  |           |                 |                       |                         |          |                 |                     | and<br>Syndicated    |
|  |           |                 |                       |                         |          |                 |                     | Exclusivity          |
|  |           |                 |                       |                         |          |                 |                     | Surcharge            |
|  |           |                 |                       |                         |          |                 |                     | for                  |
|  |           |                 |                       |                         |          |                 |                     | Partially<br>Distant |
|  |           | -               |                       |                         |          |                 |                     | Stations             |
|  |           | -               |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
| Total DSEs                                     |           |                 | 0.00                  | Total DSEs              |          |                 |                     |                      |
| Gross Receipts First Gro                       | oup       | \$              | 0.00                  | Gross Receipts Secon    | ld Group | \$              | 0.00                |                      |
| Base Rate Fee First Gro                        | oup       | \$              | 0.00                  | Base Rate Fee Secon     | nd Group | \$              | 0.00                |                      |
| FIF  | TY-FIFTH  | SUBSCRIBER GROU | IP                    | F                       |          |                 |                     |                      |
| COMMUNITY/ AREA                                |           |                 | 0                     | COMMUNITY/ AREA         |          |                 |                     |                      |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                   | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           | -               |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          | -               |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           | <b>[</b>        |                       |                         |          | <b>[</b> ]      |                     |                      |
|  |           |                 |                       |                         |          | -               |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
| Total DSEs                                     |           |                 | 0.00                  | Total DSEs              | •        |                 | 0.00                |                      |
| Gross Receipts Third Group \$ 0.00             |           | 0.00            | Gross Receipts Fourth | n Group                 | \$       | 0.00            |                     |                      |
|  |           |                 |                       |                         |          |                 |                     |                      |
| Base Rate Fee Third G                          | roup      | \$              | 0.00                  | Base Rate Fee Fourth    | n Group  | \$              | 0.00                |                      |
| December 201                                   |           | - <b>-</b>      |                       | 1                       |          |                 |                     |                      |
| Base Rate Fee: Add the Enter here and in block |           |                 | iber group a          | as snown in the boxes a | DOVE.    | \$              |                     |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | OF CABLI | E SYSTEM:       |                       |                          |                   | S               | YSTEM ID#<br>006230 | Name              |  |
|--|----------|-----------------|-----------------------|--------------------------|-------------------|-----------------|---------------------|-------------------|--|
|  |          |                 |                       | TE FEES FOR EACH         | SUBSCRI           | BER GROUP       |                     |                   |  |
|  | SEVENTH  | SUBSCRIBER GROU | IP<br>0               |                          | Y-EIGHTH          | SUBSCRIBER GROU |                     | 9                 |  |
| COMMUNITY/ AREA                                |          |                 |                       | COMMUNITY/ AREA          | COMMUNITY/ AREA 0 |                 |                     |                   |  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE                   | CALL SIGN                | DSE               | CALL SIGN       | DSE                 | Computation<br>of |  |
|  |          |                 |                       |                          |                   |                 |                     | Base Rate Fee     |  |
|  |          |                 |                       |                          |                   | -               |                     | and<br>Syndicated |  |
|  |          | -               |                       |                          |                   |                 |                     | Exclusivity       |  |
|  |          |                 |                       |                          |                   | -               |                     | Surcharge         |  |
|  |          | -               |                       |                          |                   | -               |                     | for<br>Partially  |  |
|  |          |                 |                       |                          |                   |                 |                     | Distant           |  |
|  |          |                 |                       |                          |                   |                 |                     | Stations          |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
| Total DSEs                                     |          |                 | 0.00                  | Total DSEs               | 0.00              |                 |                     |                   |  |
| Gross Receipts First Gro                       | oup      | \$              | 0.00                  | Gross Receipts Secon     | d Group           | \$              | 0.00                |                   |  |
| Base Rate Fee First Gro                        | oup      | \$              | 0.00                  | Base Rate Fee Secon      | d Group           | \$              | 0.00                |                   |  |
| FIFT   | Y-NINTH  | SUBSCRIBER GROU | IP                    |                          |                   |                 |                     |                   |  |
| COMMUNITY/ AREA                                |          |                 | 0                     | COMMUNITY/ AREA          |                   |                 |                     |                   |  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE                   | CALL SIGN                | DSE               | CALL SIGN       | DSE                 |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          | -               |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          | -               |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
| Total DSEs                                     |          |                 | 0.00                  | Total DSEs               |                   |                 | 0.00                |                   |  |
| Gross Receipts Third Group \$ 0.00             |          |                 | Gross Receipts Fourth | Group                    | \$                | 0.00            |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
| Base Rate Fee Third Group \$ 0.00              |          |                 | 0.00                  | Base Rate Fee Fourth     | Group             | \$              | 0.00                |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
| Base Rate Fee: Add the Enter here and in block |          |                 | iber group a          | as shown in the boxes al | oove.             | \$              |                     |                   |  |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.         | R OF CABL | E SYSTEM:       |                       |                         |                   | S               | YSTEM ID#<br>006230 | Name              |  |
|--|-----------|-----------------|-----------------------|-------------------------|-------------------|-----------------|---------------------|-------------------|--|
|  |           |                 |                       | TE FEES FOR EACH        | SUBSCR            | BER GROUP       |                     |                   |  |
|  | TY-FIRST  | SUBSCRIBER GROU | IP<br>0               | ii                      | Y-SECOND          | SUBSCRIBER GROU |                     | 9                 |  |
| COMMUNITY/ AREA                                |           |                 |                       | COMMUNITY/ AREA         | COMMUNITY/ AREA 0 |                 |                     |                   |  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                   | CALL SIGN               | DSE               | CALL SIGN       | DSE                 | Computation<br>of |  |
|  |           |                 |                       |                         |                   |                 |                     | Base Rate Fee     |  |
|  |           |                 |                       |                         |                   |                 |                     | and<br>Syndicated |  |
|  |           | -               |                       |                         |                   |                 |                     | Exclusivity       |  |
|  |           |                 |                       |                         |                   |                 |                     | Surcharge         |  |
|  |           |                 |                       |                         |                   |                 |                     | for<br>Partially  |  |
|  |           |                 |                       |                         |                   |                 |                     | Distant           |  |
|  |           |                 |                       |                         |                   |                 |                     | Stations          |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   | -               |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 | 0.00                |                   |  |
| Total DSEs                                     |           |                 | 0.00                  | Total DSEs              |                   |                 |                     |                   |  |
| Gross Receipts First Gro                       | oup       | \$              | 0.00                  | Gross Receipts Secon    | d Group           | \$              | 0.00                |                   |  |
| Base Rate Fee First Gro                        | oup       | \$              | 0.00                  | Base Rate Fee Secon     | d Group           | \$              | 0.00                |                   |  |
| SIXT   | ry-third  | SUBSCRIBER GROU |                       | SIXT                    |                   |                 |                     |                   |  |
| COMMUNITY/ AREA                                |           |                 | 0                     | COMMUNITY/ AREA         |                   |                 |                     |                   |  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                   | CALL SIGN               | DSE               | CALL SIGN       | DSE                 |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           | -               |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   | -               |                     |                   |  |
|  |           | <b>[</b>        |                       |                         |                   | <b>]</b>        |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
| Total DSEs                                     |           |                 | 0.00                  | Total DSEs              | •                 |                 | 0.00                |                   |  |
| Gross Receipts Third Group \$ 0.00             |           | 0.00            | Gross Receipts Fourth | Group                   | \$                | 0.00            |                     |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
| Base Rate Fee Third Group \$ 0.00              |           |                 | 0.00                  | Base Rate Fee Fourth    | Group             | \$              | 0.00                |                   |  |
|  |           |                 |                       |                         |                   |                 |                     |                   |  |
| Base Rate Fee: Add the Enter here and in block |           |                 | iber group a          | as shown in the boxes a | bove.             | \$              |                     |                   |  |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.            | R OF CABL | E SYSTEM:       |                |                          |           | S               | O06230  | Name                 |
|---|-----------|-----------------|----------------|--------------------------|-----------|-----------------|---------|----------------------|
|   |           |                 |                | TE FEES FOR EACH         |           |                 |         |                      |
| SIX<br>COMMUNITY/ AREA                            | TY-FIFTH  | SUBSCRIBER GROU | IP<br>0        | SI<br>COMMUNITY/ AREA    | XTY-SIXTH | SUBSCRIBER GROU | JP<br>0 | 9                    |
|   |           |                 | COMMONITY AREA | Computation              |           |                 |         |                      |
| CALL SIGN   | DSE       | CALL SIGN       | DSE            | CALL SIGN                | DSE       | CALL SIGN       | DSE     | of                   |
|   |           |                 |                |                          |           |                 |         | Base Rate Fee<br>and |
|   |           |                 |                |                          |           |                 |         | Syndicated           |
|   |           |                 |                |                          |           |                 |         | Exclusivity          |
|   |           |                 |                |                          |           | -               |         | Surcharge            |
|   |           |                 |                |                          |           |                 |         | for<br>Partially     |
|   |           |                 |                |                          |           |                 |         | Distant              |
|   |           | -               |                |                          |           |                 |         | Stations             |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
| Total DSEs  |           |                 | 0.00           | Total DSEs               |           |                 | 0.00    |                      |
| Gross Receipts First Gro                          | oup       | \$              | 0.00           | Gross Receipts Secon     | d Group   | \$              | 0.00    |                      |
| Base Rate Fee First Gro                           | oup       | \$              | 0.00           | Base Rate Fee Secon      | d Group   | \$              | 0.00    |                      |
| SIXTY-S   | SEVENTH   | SUBSCRIBER GROU |                | SIX                      |           |                 |         |                      |
| COMMUNITY/ AREA                                   |           |                 | 0              | COMMUNITY/ AREA          |           |                 |         |                      |
| CALL SIGN   | DSE       | CALL SIGN       | DSE            | CALL SIGN                | DSE       | CALL SIGN       | DSE     |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           | _               |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           | -               |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           | -               |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
|   |           |                 |                |                          |           |                 |         |                      |
| Total DSEs  |           |                 | 0.00           | Total DSEs               |           |                 | 0.00    |                      |
| Gross Receipts Third G                            | roup      | \$              | 0.00           | Gross Receipts Fourth    | Group     | \$              | 0.00    |                      |
| Base Rate Fee Third Group \$ 0.00                 |           |                 | 0.00           | Base Rate Fee Fourth     | Group     | \$              | 0.00    |                      |
| Base Rate Fee: Add the<br>Enter here and in block |           |                 | iber group a   | as shown in the boxes al | bove.     | \$              |         |                      |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.            | R OF CABL | E SYSTEM:       |                 |                         |          | S               | VSTEM ID#<br>006230 | Name                 |
|---|-----------|-----------------|-----------------|-------------------------|----------|-----------------|---------------------|----------------------|
|   |           |                 |                 | TE FEES FOR EACH        |          |                 |                     |                      |
| SIXT<br>COMMUNITY/ AREA                           | Y-NINTH   | SUBSCRIBER GROU | IP<br>0         | 11                      | VENTIETH | SUBSCRIBER GROU |                     | 9                    |
|   |           |                 | COMMONT I/ AREA | COMMUNITY/ AREA 0       |          |                 |                     |                      |
| CALL SIGN   | DSE       | CALL SIGN       | DSE             | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | of                   |
|   |           |                 |                 |                         |          |                 |                     | Base Rate Fee<br>and |
|   |           | -               |                 |                         |          |                 |                     | Syndicated           |
|   |           |                 |                 |                         |          |                 |                     | Exclusivity          |
|   |           |                 |                 |                         |          |                 |                     | Surcharge            |
|   |           |                 |                 |                         |          |                 |                     | for<br>Partially     |
|   |           |                 |                 |                         |          |                 |                     | Distant              |
|   |           |                 |                 |                         |          | _               |                     | Stations             |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
| Total DSEs  |           |                 | 0.00            | Total DSEs              |          |                 | 0.00                |                      |
| Gross Receipts First Gro                          | oup       | \$              | 0.00            | Gross Receipts Secon    | d Group  | \$              | 0.00                |                      |
| Base Rate Fee First Gro                           | oup       | \$              | 0.00            | Base Rate Fee Secon     | d Group  | \$              | 0.00                |                      |
| SEVEN   | TY-FIRST  | SUBSCRIBER GROU | IP              | SEVENT                  |          |                 |                     |                      |
| COMMUNITY/ AREA                                   |           |                 | 0               | COMMUNITY/ AREA         |          |                 |                     |                      |
| CALL SIGN   | DSE       | CALL SIGN       | DSE             | CALL SIGN               | DSE      | CALL SIGN       | DSE                 |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           | -               |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          | _               |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           | -               |                 |                         |          | -               |                     |                      |
|   |           | -               |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          | -               |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
|   |           |                 |                 |                         |          |                 |                     |                      |
| Total DSEs  |           |                 | 0.00            | Total DSEs              |          |                 | 0.00                |                      |
| Gross Receipts Third G                            | oup       | \$              | 0.00            | Gross Receipts Fourth   | Group    | \$              | 0.00                |                      |
| Base Rate Fee Third Group \$ 0.00                 |           |                 | 0.00            | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                      |
| Base Rate Fee: Add the<br>Enter here and in block |           |                 | iber group a    | as shown in the boxes a | bove.    | \$              |                     |                      |

| LEGAL NAME OF OWNEF                            | R OF CABLI | E SYSTEM:       |                       |                          |                   | S               | YSTEM ID#<br>006230 | Name              |  |
|--|------------|-----------------|-----------------------|--------------------------|-------------------|-----------------|---------------------|-------------------|--|
|  |            |                 |                       | TE FEES FOR EACH         |                   |                 |                     |                   |  |
|  | Y-THIRD    | SUBSCRIBER GROU | IP<br>0               |                          | Y-FOURTH          | SUBSCRIBER GROU |                     | 9                 |  |
| COMMUNITY/ AREA                                |            |                 |                       |                          | COMMUNITY/ AREA 0 |                 |                     |                   |  |
| CALL SIGN                                      | DSE        | CALL SIGN       | DSE                   | CALL SIGN                | DSE               | CALL SIGN       | DSE                 | Computation<br>of |  |
|  |            |                 |                       |                          |                   |                 |                     | Base Rate Fee     |  |
|  |            |                 |                       |                          |                   |                 |                     | and<br>Syndicated |  |
|  |            | -               |                       |                          |                   |                 |                     | Exclusivity       |  |
|  |            |                 |                       |                          |                   | -               |                     | Surcharge         |  |
|  |            | -               |                       |                          |                   | -               |                     | for<br>Partially  |  |
|  |            |                 |                       |                          |                   |                 |                     | Distant           |  |
|  |            |                 |                       |                          |                   |                 |                     | Stations          |  |
|  |            | -               |                       |                          |                   |                 |                     |                   |  |
|  |            |                 |                       |                          |                   |                 |                     |                   |  |
|  |            |                 |                       |                          |                   |                 |                     |                   |  |
|  |            |                 |                       |                          |                   |                 |                     |                   |  |
| Total DSEs                                     |            |                 | 0.00                  | Total DSEs               |                   |                 | 0.00                |                   |  |
| Gross Receipts First Gro                       | auc        | \$              | 0.00                  | Gross Receipts Secon     | 0.00              |                 |                     |                   |  |
|  | ļ          | ·               |                       |                          | - 1               | <u>\$</u>       |                     |                   |  |
| Base Rate Fee First Gro                        | oup        | \$              | 0.00                  | Base Rate Fee Secon      | d Group           | \$              | 0.00                |                   |  |
|  | TY-FIFTH   | SUBSCRIBER GROU |                       | SEVE                     |                   |                 |                     |                   |  |
| COMMUNITY/ AREA                                |            |                 | 0                     | COMMUNITY/ AREA          |                   |                 |                     |                   |  |
| 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 Fourth | Group                    | \$                | 0.00            |                     |                   |  |
|  |            |                 |                       |                          |                   |                 |                     |                   |  |
| Base Rate Fee Third Gr                         | oup        | \$              | 0.00                  | Base Rate Fee Fourth     | Group             | \$              | 0.00                |                   |  |
|  |            |                 |                       |                          |                   |                 |                     |                   |  |
| Base Rate Fee: Add the Enter here and in block |            |                 | iber group a          | as shown in the boxes al | oove.             | \$              |                     |                   |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABL                         | E SYSTEM:       |                     |                          |          | S               | O06230  | Name                 |
|---|-----------------------------------|-----------------|---------------------|--------------------------|----------|-----------------|---------|----------------------|
|   |                                   |                 |                     | TE FEES FOR EAC          |          |                 |         |                      |
| SEVENTY-S   | SEVENTH                           | SUBSCRIBER GROU | JP<br>0             | SEVEN<br>COMMUNITY/ AREA |          | SUBSCRIBER GROU | JP<br>0 | 9                    |
|   |                                   |                 |                     |                          |          |                 | •       | Computation          |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE                 | CALL SIGN                | DSE      | CALL SIGN       | DSE     | of<br>Dece Data Fee  |
|   |                                   | -               |                     |                          |          |                 |         | Base Rate Fee<br>and |
|   |                                   | -               |                     |                          |          |                 |         | Syndicated           |
|   |                                   |                 |                     |                          |          |                 |         | Exclusivity          |
|   |                                   |                 |                     |                          |          |                 |         | Surcharge<br>for     |
|   |                                   |                 |                     |                          |          |                 |         | Partially            |
|   |                                   | -               |                     |                          |          |                 |         | Distant              |
|   |                                   | -               |                     |                          |          |                 |         | Stations             |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   | -               |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
| Total DSEs  |                                   |                 | 0.00                | Total DSEs               |          |                 |         |                      |
| Gross Receipts First Gr                           | oup                               | \$              | 0.00                | Gross Receipts Seco      | nd Group | \$              | 0.00    |                      |
| Base Rate Fee First Gr                            | Base Rate Fee First Group \$ 0.00 |                 |                     | Base Rate Fee Seco       | nd Group | \$              | 0.00    |                      |
|   | ry-ninth                          | SUBSCRIBER GROU |                     |                          |          |                 |         |                      |
| COMMUNITY/ AREA                                   |                                   |                 | 0                   | COMMUNITY/ AREA          |          |                 |         |                      |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE                 | CALL SIGN                | DSE      | CALL SIGN       | DSE     |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   | -               |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
|   |                                   |                 |                     |                          |          |                 |         |                      |
| Total DSEs  |                                   |                 | 0.00                | Total DSEs               |          |                 | 0.00    |                      |
| Gross Receipts Third G                            | roup                              | \$              | 0.00                | Gross Receipts Fourt     | th Group | \$              | 0.00    |                      |
| Base Rate Fee Third Group \$ 0.00                 |                                   | 0.00            | Base Rate Fee Fourt | th Group                 | \$       | 0.00            |         |                      |
| Base Rate Fee: Add the<br>Enter here and in block |                                   |                 | riber group a       | as shown in the boxes a  | above.   | \$              |         |                      |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.            | R OF CABLI | E SYSTEM:       |                      |                          |                     | S               | VSTEM ID#<br>006230 | Name                |  |
|---|------------|-----------------|----------------------|--------------------------|---------------------|-----------------|---------------------|---------------------|--|
|   |            |                 |                      | TE FEES FOR EACH         |                     |                 |                     |                     |  |
| EIGH<br>COMMUNITY/ AREA                           | TY-FIRST   | SUBSCRIBER GROU | IP<br>0              | EIGHT<br>COMMUNITY/ AREA | Y-SECOND            | SUBSCRIBER GROU | <u>р</u><br>0       | 9                   |  |
|   |            |                 |                      |                          | UUVIIVUINITY/AREA U |                 |                     |                     |  |
| CALL SIGN   | DSE        | CALL SIGN       | DSE                  | CALL SIGN                | DSE                 | CALL SIGN       | DSE                 | of<br>Base Rate Fee |  |
|   |            |                 |                      |                          |                     |                 |                     | and                 |  |
|   |            |                 |                      |                          |                     | =<br>=          |                     | Syndicated          |  |
|   |            |                 |                      |                          |                     | -               |                     | Exclusivity         |  |
|   |            |                 |                      |                          |                     |                 |                     | Surcharge<br>for    |  |
|   |            |                 |                      |                          |                     |                 |                     | Partially           |  |
|   |            |                 |                      |                          |                     |                 |                     | Distant<br>Stations |  |
|   |            |                 |                      |                          |                     | -               |                     | Stations            |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     | -               |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
| Total DSEs  |            |                 | 0.00                 | Total DSEs               | 0.00                |                 |                     |                     |  |
| Gross Receipts First Gro                          | oup        | \$              | 0.00                 | Gross Receipts Secon     | d Group             | \$              | 0.00                |                     |  |
| Base Rate Fee First Gro                           | oup        | \$              | 0.00                 | Base Rate Fee Secon      | d Group             | \$              | 0.00                |                     |  |
|   | Y-THIRD    | SUBSCRIBER GROU |                      | EIGHT                    |                     |                 |                     |                     |  |
| COMMUNITY/ AREA                                   |            |                 | 0                    | COMMUNITY/ AREA          |                     |                 |                     |                     |  |
| CALL SIGN   | DSE        | CALL SIGN       | DSE                  | CALL SIGN                | DSE                 | CALL SIGN       | DSE                 |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     | -               |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     | -               |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
|   |            |                 |                      |                          |                     |                 |                     |                     |  |
| Total DSEs  |            |                 | 0.00                 | Total DSEs               |                     |                 | 0.00                |                     |  |
| Gross Receipts Third G                            | oup        | \$              | 0.00                 | Gross Receipts Fourth    | Group               | \$              | 0.00                |                     |  |
| Base Rate Fee Third Group \$ 0.00                 |            | 0.00            | Base Rate Fee Fourth | Group                    | \$                  | 0.00            |                     |                     |  |
| Base Rate Fee: Add the<br>Enter here and in block |            |                 | iber group a         | as shown in the boxes a  | bove.               | \$              |                     |                     |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | OF CABLI | E SYSTEM:       |                       |                          |                   | S               | YSTEM ID#<br>006230 | Name              |  |
|--|----------|-----------------|-----------------------|--------------------------|-------------------|-----------------|---------------------|-------------------|--|
|  |          |                 |                       | TE FEES FOR EACH         |                   |                 |                     |                   |  |
|  | TY-FIFTH | SUBSCRIBER GROU |                       | 11                       | HTY-SIXTH         | SUBSCRIBER GROU |                     | 9                 |  |
| COMMUNITY/ AREA                                |          |                 |                       | COMMUNITY/ AREA          | COMMUNITY/ AREA 0 |                 |                     |                   |  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE                   | CALL SIGN                | DSE               | CALL SIGN       | DSE                 | Computation<br>of |  |
|  |          |                 |                       |                          |                   |                 |                     | Base Rate Fee     |  |
|  |          |                 |                       |                          |                   |                 |                     | and<br>Syndicated |  |
|  |          | -               |                       |                          |                   |                 |                     | Exclusivity       |  |
|  |          |                 |                       |                          |                   | -               |                     | Surcharge         |  |
|  |          | -               |                       |                          |                   | -               |                     | for<br>Partially  |  |
|  |          |                 |                       |                          |                   |                 |                     | Distant           |  |
|  |          |                 |                       |                          |                   |                 |                     | Stations          |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 | 0.00                |                   |  |
| Total DSEs                                     |          |                 | 0.00                  | Total DSEs               |                   |                 |                     |                   |  |
| Gross Receipts First Gro                       | oup      | \$              | 0.00                  | Gross Receipts Secon     | d Group           | \$              | 0.00                |                   |  |
| Base Rate Fee First Gro                        | oup      | \$              | 0.00                  | Base Rate Fee Secon      | d Group           | \$              | 0.00                |                   |  |
| EIGHTY-S                                       | SEVENTH  | SUBSCRIBER GROU | IP                    | EIGH                     |                   |                 |                     |                   |  |
| COMMUNITY/ AREA                                |          |                 | 0                     | COMMUNITY/ AREA          |                   |                 |                     |                   |  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE                   | CALL SIGN                | DSE               | CALL SIGN       | DSE                 |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          | -               |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          | -               |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   | -               |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
| Total DSEs                                     |          |                 | 0.00                  | Total DSEs               |                   |                 | 0.00                |                   |  |
|  |          | 0.00            | Gross Receipts Fourth | Group                    | \$                | 0.00            |                     |                   |  |
|  |          |                 |                       |                          | -                 |                 |                     |                   |  |
| Base Rate Fee Third Gr                         | oup      | \$              | 0.00                  | Base Rate Fee Fourth     | Group             | \$              | 0.00                |                   |  |
|  |          |                 |                       |                          |                   |                 |                     |                   |  |
| Base Rate Fee: Add the Enter here and in block |          |                 | iber group a          | as shown in the boxes al | oove.             | \$              |                     |                   |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | OF CABLI  | E SYSTEM:       |                      |                          |                   | S         | YSTEM ID#<br>006230 | Name                 |  |
|---|---|-----------------|----------------------|--------------------------|-------------------|-----------|---------------------|----------------------|--|
|   |   |                 |                      | TE FEES FOR EACH         |                   |           |                     |                      |  |
|   | EIGHTY-NINTH SUBSCRIBER GROUP     NINTIETH SUBSCRIBER GROUP       COMMUNITY/ AREA     0 |                 |                      |                          |                   |           |                     | 9                    |  |
|   |   |                 |                      |                          | COMMUNITY/ AREA 0 |           |                     |                      |  |
| CALL SIGN   | DSE   | CALL SIGN       | DSE                  | CALL SIGN                | DSE               | CALL SIGN | DSE                 | of<br>Dece Data Fac  |  |
|   |   |                 |                      |                          |                   |           |                     | Base Rate Fee<br>and |  |
|   |   |                 |                      |                          |                   |           |                     | Syndicated           |  |
|   |   |                 |                      |                          |                   |           |                     | Exclusivity          |  |
|   |   |                 |                      |                          |                   |           |                     | Surcharge<br>for     |  |
|   |   |                 |                      |                          |                   |           |                     | Partially            |  |
|   |   |                 |                      |                          |                   |           |                     | Distant              |  |
|   |   |                 |                      |                          |                   |           |                     | Stations             |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   | -               |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
| Total DSEs  |   |                 | 0.00                 | Total DSEs               |                   |           |                     |                      |  |
| Gross Receipts First Gro                          | oup   | \$              | 0.00                 | Gross Receipts Secon     | d Group           | \$        | 0.00                |                      |  |
| Base Rate Fee First Gro                           | Base Rate Fee First Group \$ 0.00   |                 |                      | Base Rate Fee Secon      | d Group           | \$        | 0.00                |                      |  |
|   | TY-FIRST  | SUBSCRIBER GROU |                      | NINET                    |                   |           |                     |                      |  |
| COMMUNITY/ AREA                                   |   |                 | 0                    | COMMUNITY/ AREA          |                   |           |                     |                      |  |
| CALL SIGN   | DSE   | CALL SIGN       | DSE                  | CALL SIGN                | DSE               | CALL SIGN | DSE                 |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   | -               |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   | -         |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   | -               |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   | -         |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
|   |   |                 |                      |                          |                   |           |                     |                      |  |
| Total DSEs  |   |                 | 0.00                 | Total DSEs               |                   |           | 0.00                |                      |  |
| Gross Receipts Third Gr                           | oup   | \$              | 0.00                 | Gross Receipts Fourth    | Group             | \$        | 0.00                |                      |  |
| Base Rate Fee Third Group \$ 0.00                 |   | 0.00            | Base Rate Fee Fourth | Group                    | \$                | 0.00      |                     |                      |  |
| Base Rate Fee: Add the<br>Enter here and in block |   |                 | iber group a         | as shown in the boxes al | oove.             | \$        |                     |                      |  |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.                   | R OF CABL                         | E SYSTEM:       |                      |                         |          | S         | VSTEM ID#<br>006230 | Name                 |
|--|-----------------------------------|-----------------|----------------------|-------------------------|----------|-----------|---------------------|----------------------|
|  |                                   |                 |                      | TE FEES FOR EACH        |          |           |                     |                      |
| NINET  | ry-third                          | SUBSCRIBER GROL | IP<br>0              | NINET                   | Y-FOURTH | JP<br>0   | 9                   |                      |
|  |                                   |                 |                      |                         |          |           | •                   | Computation          |
| CALL SIGN  | DSE                               | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN | DSE                 | of<br>Dece Data Fac  |
|  |                                   |                 |                      |                         |          |           |                     | Base Rate Fee<br>and |
|  |                                   |                 |                      |                         |          |           |                     | Syndicated           |
|  |                                   |                 |                      |                         |          |           |                     | Exclusivity          |
|  |                                   |                 |                      |                         |          |           |                     | Surcharge<br>for     |
|  |                                   |                 |                      |                         |          |           |                     | Partially            |
|  |                                   |                 |                      |                         |          |           |                     | Distant              |
|  |                                   |                 |                      |                         |          |           |                     | Stations             |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   | -               |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
| Total DSEs   |                                   |                 | 0.00                 | Total DSEs              |          |           | 0.00                |                      |
| Gross Receipts First Gro                                 | oup                               | \$              | 0.00                 | Gross Receipts Secon    | nd Group | \$        | 0.00                |                      |
| Base Rate Fee First Gr                                   | Base Rate Fee First Group \$ 0.00 |                 |                      | Base Rate Fee Secon     | nd Group | \$        | 0.00                |                      |
|  | TY-FIFTH                          | SUBSCRIBER GROU |                      | NIN                     |          |           |                     |                      |
| COMMUNITY/ AREA  |                                   |                 | 0                    | COMMUNITY/ AREA         |          |           |                     |                      |
| CALL SIGN  | DSE                               | CALL SIGN       | DSE                  | CALL SIGN               | DSE      | CALL SIGN | DSE                 |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   | -               |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          | -         |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          | -         |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
|  |                                   |                 |                      |                         |          |           |                     |                      |
| Total DSEs   |                                   |                 | 0.00                 | Total DSEs              |          |           | 0.00                |                      |
| Gross Receipts Third G                                   | roup                              | \$              | 0.00                 | Gross Receipts Fourth   | n Group  | \$        | 0.00                |                      |
| Base Rate Fee Third Group \$ 0.00                        |                                   | 0.00            | Base Rate Fee Fourth | n Group                 | \$       | 0.00      |                     |                      |
| <b>Base Rate Fee:</b> Add the<br>Enter here and in block |                                   |                 | iber group a         | as shown in the boxes a | bove.    | \$        |                     |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABL                         | E SYSTEM:       |                      |                          |                   | S               | YSTEM ID#<br>006230 | Name              |  |
|---|-----------------------------------|-----------------|----------------------|--------------------------|-------------------|-----------------|---------------------|-------------------|--|
|   |                                   |                 |                      | TE FEES FOR EACH         |                   |                 |                     |                   |  |
|   | SEVENTH                           | SUBSCRIBER GROU | IP<br>0              |                          | ry-eighth         | SUBSCRIBER GROU |                     | 9                 |  |
| COMMUNITY/ AREA                                   |                                   |                 |                      | COMMUNITY/ AREA          | COMMUNITY/ AREA 0 |                 |                     |                   |  |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE                  | CALL SIGN                | DSE               | CALL SIGN       | DSE                 | Computation<br>of |  |
|   |                                   |                 |                      |                          |                   | -               |                     | Base Rate Fee     |  |
|   |                                   |                 |                      |                          |                   |                 |                     | and<br>Syndicated |  |
|   |                                   |                 |                      |                          |                   |                 |                     | Exclusivity       |  |
|   |                                   |                 |                      |                          |                   |                 |                     | Surcharge         |  |
|   |                                   | -               |                      |                          |                   | -               |                     | for<br>Partially  |  |
|   |                                   |                 |                      |                          |                   |                 |                     | Distant           |  |
|   |                                   |                 |                      |                          |                   |                 |                     | Stations          |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
| Total DSEs  |                                   |                 | 0.00                 | Total DSEs               |                   |                 | 0.00                |                   |  |
| Gross Receipts First Gro                          | oup                               | \$              | 0.00                 | Gross Receipts Secon     | d Group           | \$              | 0.00                |                   |  |
| Base Rate Fee First Gr                            | Base Rate Fee First Group \$ 0.00 |                 |                      | Base Rate Fee Secon      | d Group           | \$              | 0.00                |                   |  |
| NINE  | ry-ninth                          | SUBSCRIBER GROU | IP                   | ONE HU                   |                   |                 |                     |                   |  |
| COMMUNITY/ AREA                                   |                                   |                 | 0                    | COMMUNITY/ AREA          |                   |                 |                     |                   |  |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE                  | CALL SIGN                | DSE               | CALL SIGN       | DSE                 |                   |  |
|   |                                   |                 |                      |                          |                   | -               |                     |                   |  |
|   |                                   | -               |                      |                          |                   | -               |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   | -               |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   | -               |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   | -               |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
|   |                                   |                 |                      |                          |                   |                 |                     |                   |  |
| Total DSEs  |                                   |                 | 0.00                 | Total DSEs               |                   |                 | 0.00                |                   |  |
| Gross Receipts Third G                            | roup                              | \$              | 0.00                 | Gross Receipts Fourth    | Group             | \$              | 0.00                |                   |  |
| Base Rate Fee Third Group \$ 0.00                 |                                   | 0.00            | Base Rate Fee Fourth | Group                    | \$                | 0.00            |                     |                   |  |
| Base Rate Fee: Add the<br>Enter here and in block |                                   |                 | iber group a         | as shown in the boxes al | bove.             | \$              |                     |                   |  |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.         | R OF CABL | E SYSTEM:       |                         |                                     |               | S         | YSTEM ID#<br>006230 | Name                 |
|--|-----------|-----------------|-------------------------|-------------------------------------|---------------|-----------|---------------------|----------------------|
| BI   | LOCK A:   | COMPUTATION OF  | BASE RA                 | TE FEES FOR EACH                    | SUBSCR        | BER GROUP |                     |                      |
|  | ED FIRST  | SUBSCRIBER GROU |                         | ONE HUNDRE                          | 9             |           |                     |                      |
| COMMUNITY/ AREA 0                              |           |                 | 0                       | COMMUNITY/ AREA                     | Computation   |           |                     |                      |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                     | CALL SIGN                           | DSE           | CALL SIGN | DSE                 | of                   |
|  |           |                 |                         |                                     |               |           |                     | Base Rate Fee        |
|  |           |                 |                         |                                     |               |           |                     | and<br>Syndicated    |
|  |           |                 |                         |                                     |               | -         |                     | Exclusivity          |
|  |           |                 |                         |                                     |               |           |                     | Surcharge            |
|  |           |                 |                         |                                     |               | -         |                     | for                  |
|  |           |                 |                         |                                     |               |           |                     | Partially<br>Distant |
|  |           | -               |                         |                                     |               |           |                     | Stations             |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               | -         |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
| Total DSEs 0.00                                |           |                 |                         | Total DSEs 0.00                     |               |           |                     |                      |
| Gross Receipts First Gro                       | oup       | \$              | 0.00                    | Gross Receipts Secon                | ia Group      | \$        | 0.00                |                      |
| Base Rate Fee First Group \$ 0.00              |           |                 | 0.00                    | Base Rate Fee Secon                 | nd Group      | \$        | 0.00                |                      |
|  | D THIRD   | SUBSCRIBER GROU |                         | ONE HUNDRED FOURTH SUBSCRIBER GROUP |               |           |                     |                      |
| COMMUNITY/ AREA 0                              |           |                 |                         | COMMUNITY/ AREA                     |               |           |                     |                      |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                     | CALL SIGN                           | DSE           | CALL SIGN | DSE                 |                      |
|  |           |                 |                         |                                     |               | -         |                     |                      |
|  |           |                 |                         |                                     | <mark></mark> |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           | -               |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               | -         |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
| Total DSEs                                     |           |                 | 0.00                    | Total DSEs                          |               |           | 0.00                |                      |
| Gross Receipts Third Group                     |           | \$ 0.00         |                         | Gross Receipts Fourth Group         |               | \$ 0.00   |                     |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
| Base Rate Fee Third Group                      |           | \$              | 0.00                    | Base Rate Fee Fourth Group          |               | \$        | 0.00                |                      |
|  |           |                 |                         |                                     |               |           |                     |                      |
| Base Rate Fee: Add the Enter here and in block |           | iber group a    | as shown in the boxes a | bove.                               | \$            |           |                     |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.                           | R OF CABLI    | E SYSTEM:       |              |                                     |             | SI             | (STEM ID#<br>006230 | Name                 |  |
|--|---------------|-----------------|--------------|-------------------------------------|-------------|----------------|---------------------|----------------------|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |               |                 |              |                                     |             |                |                     |                      |  |
|  | ED FIFTH      | SUBSCRIBER GROU |              | ONE HUNDF                           | 9           |                |                     |                      |  |
| COMMUNITY/ AREA 0  |               |                 |              | COMMUNITY/ AREA                     | Computation |                |                     |                      |  |
| CALL SIGN  | DSE           | CALL SIGN       | DSE          | CALL SIGN                           | DSE         | CALL SIGN      | DSE                 | of                   |  |
|  |               |                 |              |                                     |             |                |                     | Base Rate Fee        |  |
|  |               |                 |              |                                     |             |                |                     | and<br>Syndicated    |  |
|  |               | -               |              |                                     |             | -              |                     | Exclusivity          |  |
|  |               |                 |              |                                     |             |                |                     | Surcharge            |  |
|  |               | -               |              |                                     |             | -              |                     | for                  |  |
|  |               |                 |              |                                     |             |                |                     | Partially<br>Distant |  |
|  |               |                 |              |                                     |             |                |                     | Stations             |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
| Total DSEs   |               |                 | 0.00         | Total DSEs                          |             |                | 0.00                |                      |  |
| Gross Receipts First Group \$ 0.00                               |               |                 | 0.00         | Gross Receipts Second Group \$ 0.00 |             |                |                     |                      |  |
| Base Rate Fee First Group \$ 0.00                                |               |                 | 0.00         | Base Rate Fee Second Group \$ 0.00  |             |                |                     |                      |  |
|  | SEVENTH       | SUBSCRIBER GROU |              | ONE HUNDRED EIGHTH SUBSCRIBER GROUP |             |                |                     |                      |  |
| COMMUNITY/ AREA 0  |               |                 | 0            | COMMUNITY/ AREA                     |             |                |                     |                      |  |
| CALL SIGN  | DSE           | CALL SIGN       | DSE          | CALL SIGN                           | DSE         | CALL SIGN      | DSE                 |                      |  |
|  |               |                 |              |                                     |             | -              |                     |                      |  |
|  |               | -               |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               | -               |              |                                     |             | -              |                     |                      |  |
|  |               |                 |              |                                     |             | -              |                     |                      |  |
|  |               |                 |              |                                     |             | _              |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             | -              |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
|  |               |                 |              |                                     |             |                |                     |                      |  |
| Total DSEs   |               |                 | 0.00         | Total DSEs                          |             |                | 0.00                |                      |  |
| Gross Receipts Third Group                                       |               | <u>\$ 0.00</u>  |              | Gross Receipts Fourth Group         |             | <u>\$ 0.00</u> |                     |                      |  |
| Base Rate Fee Third Group  |               | \$              | 0.00         | Base Rate Fee Fourth Group          |             | \$             | 0.00                |                      |  |
| Base Rate Fee: Add the Enter here and in block                   |               |                 | iber group a | as shown in the boxes al            | oove.       | \$             |                     |                      |  |
|  | 5, iii e 1, S | pace L (paye 1) |              |                                     |             | φ              |                     |                      |  |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC. | OF CABLI     | E SYSTEM:                    |               |                          |          | S               | YSTEM ID#<br>006230 | Name                     |  |
|--|--------------|------------------------------|---------------|--------------------------|----------|-----------------|---------------------|--------------------------|--|
|  |              |                              |               | TE FEES FOR EACH         |          |                 |                     |                          |  |
| ONE HUNDRE<br>COMMUNITY/ AREA          | DNINTH       | SUBSCRIBER GROU              | JP<br>0       | ONE HUNDR                | ED TENTH | SUBSCRIBER GROU | P<br>0              | 9                        |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
| CALL SIGN                              | DSE          | CALL SIGN                    | DSE           | CALL SIGN                | DSE      | CALL SIGN       | DSE                 | of<br>Base Rate Fee      |  |
|  |              |                              |               |                          |          |                 |                     | and                      |  |
|  |              |                              |               |                          |          |                 |                     | Syndicated               |  |
|  |              |                              |               |                          |          |                 |                     | Exclusivity<br>Surcharge |  |
|  |              |                              |               |                          |          |                 |                     | for                      |  |
|  |              |                              |               |                          |          |                 |                     | Partially                |  |
|  |              |                              |               |                          |          |                 |                     | Distant<br>Stations      |  |
|  |              | -                            |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              | -                            |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
| Total DSEs                             |              |                              | 0.00          | Total DSEs               |          |                 | 0.00                |                          |  |
| Gross Receipts First Gro               | oup          | \$                           | 0.00          | Gross Receipts Second    | d Group  | \$              | 0.00                |                          |  |
| Base Rate Fee First Gro                | oup          | \$                           | 0.00          | Base Rate Fee Second     | d Group  | \$              | 0.00                |                          |  |
| ONE HUNDRED EL                         | EVENTH       | SUBSCRIBER GROU              |               | 11                       | TWELVTH  | SUBSCRIBER GROU | Р                   |                          |  |
| COMMUNITY/ AREA                        |              |                              | 0             | COMMUNITY/ AREA          |          |                 |                     |                          |  |
| CALL SIGN                              | DSE          | CALL SIGN                    | DSE           | CALL SIGN                | DSE      | CALL SIGN       | DSE                 |                          |  |
|  |              | -                            |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              | -                            |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          | -               |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              | -                            |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
|  |              |                              |               |                          |          |                 |                     |                          |  |
| Total DSEs                             |              |                              | 0.00          | Total DSEs               |          |                 | 0.00                |                          |  |
| Gross Receipts Third G                 | oup          | \$                           | 0.00          | Gross Receipts Fourth    | Group    | \$              | 0.00                |                          |  |
| Base Rate Fee Third G                  | oup          | \$                           | 0.00          | Base Rate Fee Fourth     | Group    | \$              | 0.00                |                          |  |
| Base Rate Fee: Add the                 | e base rate  | <b>e fees</b> for each subsc | riber group a | as shown in the boxes at | oove.    |                 |                     |                          |  |
| Enter here and in block                | 3, line 1, s | pace L (page 7)              |               |                          |          | \$              |                     |                          |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC. | R OF CABL    | E SYSTEM:       |              |                          |          | SI               | (STEM ID#<br>006230 | Name                 |
|--|--------------|-----------------|--------------|--------------------------|----------|------------------|---------------------|----------------------|
|  |              |                 |              | TE FEES FOR EACH         |          |                  |                     |                      |
| ONE HUNDRED THIF                       | RTEENTH      | SUBSCRIBER GROU | P 0          | ONE HUNDRED FOU          | IRTEENTH | SUBSCRIBER GROUI | P<br>0              | 9                    |
| COMMONITY/AREA                         |              |                 |              |                          |          |                  | -                   | Computation          |
| CALL SIGN                              | DSE          | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE                 | of                   |
|  |              |                 |              |                          |          |                  |                     | Base Rate Fee<br>and |
|  |              |                 |              |                          |          |                  |                     | Syndicated           |
|  |              |                 |              |                          |          |                  |                     | Exclusivity          |
|  |              |                 |              |                          |          |                  |                     | Surcharge<br>for     |
|  |              | -               |              |                          |          |                  |                     | Partially            |
|  |              |                 |              |                          |          |                  |                     | Distant              |
|  |              | -               |              |                          |          |                  |                     | Stations             |
|  |              | -               |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
| Total DSEs                             |              |                 | 0.00         | Total DSEs               |          |                  | 0.00                |                      |
| Gross Receipts First Gr                | oup          | \$              | 0.00         | Gross Receipts Second    | d Group  | \$               | 0.00                |                      |
| Base Rate Fee First Gr                 | oup          | \$              | 0.00         | Base Rate Fee Second     | d Group  | \$               | 0.00                |                      |
|  | TEENTH       | SUBSCRIBER GROU |              | ONE HUNDRED S            |          |                  |                     |                      |
| COMMUNITY/ AREA                        |              |                 | 0            | COMMUNITY/ AREA          |          |                  |                     |                      |
| CALL SIGN                              | DSE          | CALL SIGN       | DSE          | CALL SIGN                | DSE      | CALL SIGN        | DSE                 |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              | -               |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  |                     |                      |
|  |              |                 |              |                          |          |                  | 0.00                |                      |
| Total DSEs                             |              |                 | 0.00         | Total DSEs               | _        |                  | 0.00                |                      |
| Gross Receipts Third G                 | roup         | \$              | 0.00         | Gross Receipts Fourth    | Group    | \$               | 0.00                |                      |
| Base Rate Fee Third Group \$ 0.00      |              |                 | 0.00         | Base Rate Fee Fourth     | Group    | \$               | 0.00                |                      |
|  |              |                 | iber group a | as shown in the boxes at | oove.    |                  |                     |                      |
| Enter here and in block                | ວ, IINE 1, S | pace L (page /) |              |                          |          | \$               |                     |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABL                         | E SYSTEM:       |              |                          |         | SI               | STEM ID#<br>006230 | Name                 |
|---|-----------------------------------|-----------------|--------------|--------------------------|---------|------------------|--------------------|----------------------|
|   |                                   |                 |              | TE FEES FOR EACH         |         |                  |                    |                      |
| ONE HUNDRED SEVEN                                 | NTEENTH                           | SUBSCRIBER GROU | P 0          | ONE HUNDRED EIG          | HTEENTH | SUBSCRIBER GROUP | 。<br>0             | 9                    |
|   |                                   |                 |              |                          |         |                  | -                  | Computation          |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE                | of                   |
|   |                                   |                 |              |                          |         |                  |                    | Base Rate Fee<br>and |
|   |                                   | -               |              |                          |         |                  |                    | Syndicated           |
|   |                                   |                 |              |                          |         |                  |                    | Exclusivity          |
|   |                                   |                 |              |                          |         |                  |                    | Surcharge<br>for     |
|   |                                   | -               |              |                          |         |                  |                    | Partially            |
|   |                                   | -               |              |                          |         |                  |                    | Distant<br>Stations  |
|   |                                   | -               |              |                          |         |                  |                    | Stations             |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
| Total DSEs  |                                   |                 | 0.00         | Total DSEs               |         |                  | 0.00               |                      |
| Gross Receipts First Gro                          | oup                               | \$              | 0.00         | Gross Receipts Second    | d Group | \$               | 0.00               |                      |
| Base Rate Fee First Gr                            | oup                               | \$              | 0.00         | Base Rate Fee Second     | d Group | \$               | 0.00               |                      |
|   | NTEENTH                           | SUBSCRIBER GROU |              | ONE HUNDRED TV           |         |                  |                    |                      |
| COMMUNITY/ AREA                                   |                                   |                 | 0            | COMMUNITY/ AREA          |         |                  |                    |                      |
| CALL SIGN   | DSE                               | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN        | DSE                |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   | -               |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   | -               |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
|   |                                   |                 |              |                          |         |                  |                    |                      |
| Total DSEs  |                                   |                 | 0.00         | Total DSEs               |         |                  | 0.00               |                      |
| Gross Receipts Third G                            | roup                              | \$              | 0.00         | Gross Receipts Fourth    | Group   | \$               | 0.00               |                      |
| Base Rate Fee Third G                             | Base Rate Fee Third Group \$ 0.00 |                 |              | Base Rate Fee Fourth     | Group   | \$               | 0.00               |                      |
| Base Rate Fee: Add the<br>Enter here and in block |                                   |                 | iber group a | as shown in the boxes at | oove.   | \$               |                    |                      |
|   | . ,-                              | /               |              |                          |         |                  |                    |                      |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC.            | R OF CABLI | E SYSTEM:        |                      |                          |                 | SY               | STEM ID#<br>006230 | Name                 |  |
|---|------------|------------------|----------------------|--------------------------|-----------------|------------------|--------------------|----------------------|--|
|   |            |                  |                      | TE FEES FOR EACH         |                 |                  |                    |                      |  |
| ONE HUNDRED TWEN                                  | NTY-FIRST  | SUBSCRIBER GROU  | P<br>0               |                          | Y-SECOND        | SUBSCRIBER GROUP | 0                  | 9                    |  |
|   |            |                  |                      |                          | MMUNITY/ AREA 0 |                  |                    |                      |  |
| CALL SIGN   | DSE        | CALL SIGN        | DSE                  | CALL SIGN                | DSE             | CALL SIGN        | DSE                | of                   |  |
|   |            |                  |                      |                          |                 |                  |                    | Base Rate Fee<br>and |  |
|   |            | -                |                      |                          |                 |                  |                    | Syndicated           |  |
|   |            |                  |                      |                          |                 |                  |                    | Exclusivity          |  |
|   |            |                  |                      |                          |                 |                  |                    | Surcharge<br>for     |  |
|   |            |                  |                      |                          |                 |                  |                    | Partially            |  |
|   |            |                  |                      |                          |                 |                  |                    | Distant<br>Stations  |  |
|   |            | -                |                      |                          |                 |                  |                    | Stations             |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
| Total DSEs  |            |                  | 0.00                 | Total DSEs               |                 |                  | 0.00               |                      |  |
| Gross Receipts First Gro                          | oup        | \$               | 0.00                 | Gross Receipts Second    | d Group         | \$               | 0.00               |                      |  |
| Base Rate Fee First Gro                           | oup        | \$               | 0.00                 | Base Rate Fee Second     | d Group         | \$               | 0.00               |                      |  |
| ONE HUNDRED TWEN                                  | ITY-THIRD  | SUBSCRIBER GROUP |                      | ONE HUNDRED TWENT        | TY-FOURTH       | SUBSCRIBER GROUP | 0                  |                      |  |
| COMMUNITY/ AREA                                   |            |                  | 0                    | COMMUNITY/ AREA          |                 |                  |                    |                      |  |
| CALL SIGN   | DSE        | CALL SIGN        | DSE                  | CALL SIGN                | DSE             | CALL SIGN        | DSE                |                      |  |
|   |            | -                |                      |                          |                 | -                |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 | -                |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
|   |            |                  |                      |                          |                 |                  |                    |                      |  |
| Total DSEs  |            |                  | 0.00                 | Total DSEs               |                 |                  | 0.00               |                      |  |
| Gross Receipts Third G                            | roup       | \$               | 0.00                 | Gross Receipts Fourth    | Group           | \$               | 0.00               |                      |  |
| Base Rate Fee Third Group \$ 0.00                 |            | 0.00             | Base Rate Fee Fourth | Group                    | \$              | 0.00             |                    |                      |  |
| Base Rate Fee: Add the<br>Enter here and in block |            |                  | iber group a         | as shown in the boxes at | oove.           | \$               |                    |                      |  |

| LEGAL NAME OF OWNEF<br>CABLE ONE, INC. | R OF CABLI   | E SYSTEM:        |              |                          |            | SY               | STEM ID#<br>006230 | Name              |
|--|--------------|------------------|--------------|--------------------------|------------|------------------|--------------------|-------------------|
|  |              |                  | BASE RA      | TE FEES FOR EACH         | SUBSCRI    | BER GROUP        |                    |                   |
|  | NTY-FIFTH    | SUBSCRIBER GROUP | 0            | ONE HUNDRED TWE          | ENTY-SIXTH | SUBSCRIBER GROUP | 0                  | 9                 |
| COMMUNITY/ AREA                        |              |                  |              |                          |            |                  | U                  | Computation       |
| CALL SIGN                              | DSE          | CALL SIGN        | DSE          | CALL SIGN                | DSE        | CALL SIGN        | DSE                | of                |
|  |              |                  |              |                          |            |                  |                    | Base Rate Fee     |
|  |              |                  |              |                          |            |                  |                    | and<br>Syndicated |
|  |              |                  |              |                          |            |                  |                    | Exclusivity       |
|  |              |                  |              |                          |            |                  |                    | Surcharge         |
|  |              |                  |              |                          |            |                  |                    | for<br>Partially  |
|  |              |                  |              |                          |            |                  |                    | Distant           |
|  |              | -                |              |                          |            |                  |                    | Stations          |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
| Total DSEs                             |              | •<br>-           | 0.00         | Total DSEs               |            | . <u>.</u>       | 0.00               |                   |
| Gross Receipts First Gro               | oup          | \$               | 0.00         | Gross Receipts Secon     | d Group    | \$               | 0.00               |                   |
| Base Rate Fee First Gro                | oup          | \$               | 0.00         | Base Rate Fee Secon      | d Group    | \$               | 0.00               |                   |
| ONE HUNDRED TWENTY-                    | SEVENTH      | SUBSCRIBER GROUP |              |                          | ITY-EIGHTH | SUBSCRIBER GROUP | 0                  |                   |
| COMMUNITY/ AREA                        |              |                  | 0            | COMMUNITY/ AREA          |            |                  |                    |                   |
| CALL SIGN                              | DSE          | CALL SIGN        | DSE          | CALL SIGN                | DSE        | CALL SIGN        | DSE                |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              | -                |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
|  |              |                  |              |                          |            |                  |                    |                   |
| Total DSEs                             |              |                  | 0.00         | Total DSEs               |            |                  | 0.00               |                   |
| Gross Receipts Third G                 | roup         | \$               | 0.00         | Gross Receipts Fourth    | Group      | \$               | 0.00               |                   |
| Base Rate Fee Third G                  | roup         | \$               | 0.00         | Base Rate Fee Fourth     | Group      | \$               | 0.00               |                   |
| Base Rate Fee: Add the                 |              |                  | iber group a | as shown in the boxes al | oove.      |                  |                    |                   |
| Enter here and in block                | 3, line 1, s | pace L (page 7)  |              |                          |            | \$               |                    |                   |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.           | OF CABLE | SYSTEM:          |              |                          |           | SY               | STEM ID#<br>006230 | Name                 |
|--|----------|------------------|--------------|--------------------------|-----------|------------------|--------------------|----------------------|
| BL   | OCK A: ( | COMPUTATION OF   | BASE RA      | TE FEES FOR EACH         | SUBSCRI   | BER GROUP        |                    |                      |
| ONE HUNDRED TWENT                                | TY-NINTH | SUBSCRIBER GROUP | 0            |                          | THIRTIETH | SUBSCRIBER GROUP | 0                  | 9                    |
|  |          |                  |              | COMMUNITY/ AREA          |           |                  |                    | Computation          |
| CALL SIGN  | DSE      | CALL SIGN        | DSE          | CALL SIGN                | DSE       | CALL SIGN        | DSE                | of                   |
|  |          |                  |              |                          |           |                  |                    | Base Rate Fee<br>and |
|  |          |                  |              |                          |           |                  |                    | Syndicated           |
|  |          |                  |              |                          |           |                  |                    | Exclusivity          |
|  |          |                  |              |                          |           | -                |                    | Surcharge<br>for     |
|  |          |                  |              |                          |           |                  |                    | Partially            |
|  |          |                  |              |                          |           |                  |                    | Distant              |
|  |          |                  |              |                          |           | -                |                    | Stations             |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
| Total DSEs                                       |          |                  | 0.00         | Total DSEs               |           |                  | 0.00               |                      |
| Gross Receipts First Gro                         | up       | \$               | 0.00         | Gross Receipts Second    |           |                  |                    |                      |
| Base Rate Fee First Gro                          | up       | \$               | 0.00         | Base Rate Fee Second     | d Group   | \$               | 0.00               |                      |
| ONE HUNDRED THIR                                 | TY-FIRST | SUBSCRIBER GROUP |              | ONE HUNDRED THIRT        | Y-SECOND  | SUBSCRIBER GROUP |                    |                      |
| COMMUNITY/ AREA                                  |          |                  | 0            | COMMUNITY/ AREA          |           |                  |                    |                      |
| CALL SIGN  | DSE      | CALL SIGN        | DSE          | CALL SIGN                | DSE       | CALL SIGN        | DSE                |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              | -                        |           |                  |                    |                      |
|  |          |                  |              |                          |           | -                |                    |                      |
|  |          |                  |              |                          |           |                  |                    |                      |
|  |          |                  |              | -                        |           |                  |                    |                      |
| Total DSEs                                       |          |                  | 0.00         | Total DSEs               |           |                  | 0.00               |                      |
| Gross Receipts Third Gro                         | oup      | \$               | 0.00         | Gross Receipts Fourth    | Group     | \$               | 0.00               |                      |
| Base Rate Fee Third Gro                          | oup      | \$               | 0.00         | Base Rate Fee Fourth     | Group     | \$               | 0.00               |                      |
| Base Rate Fee: Add the Enter here and in block 3 |          |                  | iber group a | as shown in the boxes at | oove.     | \$               |                    |                      |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | OF CABLE  | E SYSTEM:        |                       |                                     |                   | SY               | STEM ID#<br>006230 | Name              |  |
|--|-----------|------------------|-----------------------|-------------------------------------|-------------------|------------------|--------------------|-------------------|--|
| BI   | OCK A:    | COMPUTATION OF   | BASE RA               | TE FEES FOR EACH                    | SUBSCRI           | BER GROUP        |                    |                   |  |
|  | TY-THIRD  | SUBSCRIBER GROUP | 0                     | 11                                  | TY-FOURTH         | SUBSCRIBER GROUP | 0                  | 9                 |  |
| COMMUNITY/ AREA 0                              |           |                  |                       |                                     | COMMUNITY/ AREA 0 |                  |                    |                   |  |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE                   | CALL SIGN                           | DSE               | CALL SIGN        | DSE                | Computation<br>of |  |
|  |           |                  |                       |                                     |                   |                  |                    | Base Rate Fee     |  |
|  |           |                  |                       |                                     |                   |                  |                    | and<br>Syndicated |  |
|  |           | -                |                       |                                     |                   |                  |                    | Exclusivity       |  |
|  |           |                  |                       |                                     |                   |                  |                    | Surcharge         |  |
|  |           |                  |                       |                                     |                   | -                |                    | for<br>Partially  |  |
|  |           |                  |                       |                                     |                   |                  |                    | Distant           |  |
|  |           |                  |                       |                                     |                   |                  |                    | Stations          |  |
|  |           |                  |                       |                                     |                   |                  |                    |                   |  |
|  |           |                  |                       |                                     |                   | -                |                    |                   |  |
|  |           |                  |                       |                                     |                   |                  |                    |                   |  |
|  |           |                  |                       |                                     |                   |                  |                    |                   |  |
| Total DSEs                                     | 11        |                  | 0.00                  | Total DSEs                          |                   |                  | 0.00               |                   |  |
| Gross Receipts First Gro                       | pup       | \$               | 0.00                  | Gross Receipts Second Group \$ 0.00 |                   |                  |                    |                   |  |
|  |           |                  |                       |                                     |                   |                  |                    |                   |  |
| Base Rate Fee First Gro                        |           | \$               | 0.00                  | Base Rate Fee Secon                 |                   | \$               | 0.00               |                   |  |
| ONE HUNDRED THIF                               | RTY-FIFTH | SUBSCRIBER GROUP | 0                     | ONE HUNDRED TH                      |                   |                  |                    |                   |  |
| COMMONITI AREA                                 |           |                  | U                     | CONNORT IT AREA                     |                   |                  |                    |                   |  |
| 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 Fourth | Group                               | \$                | 0.00             |                    |                   |  |
|  |           |                  |                       |                                     |                   |                  |                    |                   |  |
| Base Rate Fee Third Gr                         | oup       | \$               | 0.00                  | Base Rate Fee Fourth                | Group             | \$               | 0.00               |                   |  |
|  |           |                  |                       |                                     |                   |                  |                    |                   |  |
| Base Rate Fee: Add the Enter here and in block |           |                  | iber group a          | as shown in the boxes al            | oove.             | \$               |                    |                   |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.           | R OF CABL    | E SYSTEM:        |              |                                    |            | S                | YSTEM ID#<br>006230 | Name              |
|--|--------------|------------------|--------------|------------------------------------|------------|------------------|---------------------|-------------------|
|  |              |                  | BASE RA      | TE FEES FOR EACH                   | SUBSCR     | IBER GROUP       |                     |                   |
| ONE HUNDRED THIRTY                               | -SEVENTH     | SUBSCRIBER GROUP |              | 11                                 | RTY-EIGHTH | SUBSCRIBER GROUP |                     | 9                 |
| COMMUNITY/ AREA 0                                |              |                  |              | COMMUNITY/ AREA                    |            |                  | 0                   | Computation       |
| CALL SIGN  | DSE          | CALL SIGN        | DSE          | CALL SIGN                          | DSE        | CALL SIGN        | DSE                 | of                |
|  |              |                  |              |                                    |            |                  |                     | Base Rate Fee     |
|  |              |                  |              |                                    |            |                  |                     | and<br>Syndicated |
|  |              | -                |              |                                    |            |                  |                     | Exclusivity       |
|  |              |                  |              |                                    |            |                  |                     | Surcharge         |
|  |              | -                |              |                                    |            |                  |                     | for<br>Partially  |
|  |              |                  |              |                                    |            |                  |                     | Distant           |
|  |              |                  |              |                                    |            | -                |                     | Stations          |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
| Total DSEs                                       |              |                  | 0.00         | Total DSEs                         |            |                  | 0.00                |                   |
| Gross Receipts First Gr                          | oup          | \$               | 0.00         | Gross Receipts Secon               | d Group    | \$               | 0.00                |                   |
| Base Rate Fee First Gr                           | oup          | \$               | 0.00         | Base Rate Fee Secon                | 0.00       |                  |                     |                   |
|  | RTY-NINTH    | SUBSCRIBER GROUP |              | 11                                 | FORTIETH   | SUBSCRIBER GROU  | JP <b>0</b>         |                   |
| COMMUNITY/ AREA                                  |              |                  | 0            | COMMUNITY/ AREA                    |            |                  |                     |                   |
| CALL SIGN  | DSE          | CALL SIGN        | DSE          | CALL SIGN                          | DSE        | CALL SIGN        | DSE                 |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              | -                |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
|  |              |                  |              |                                    |            |                  |                     |                   |
| Total DSEs                                       |              |                  | 0.00         | Total DSEs                         |            |                  | 0.00                |                   |
| Gross Receipts Third G                           | roup         | \$               | 0.00         | Gross Receipts Fourth              | Group      | \$               | 0.00                |                   |
| Base Rate Fee Third Group \$ 0.00                |              |                  | 0.00         | Base Rate Fee Fourth Group \$ 0.00 |            |                  |                     |                   |
| Base Rate Fee: Add th<br>Enter here and in block |              |                  | iber group a | as shown in the boxes al           | pove.      | s                |                     |                   |
|  | o, into 1, 5 |                  |              |                                    |            | *                |                     |                   |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.           | R OF CABL | E SYSTEM:        |                      |                                    |           | S                  | OVSTEM ID#<br>006230 | Name                 |
|--|-----------|------------------|----------------------|------------------------------------|-----------|--------------------|----------------------|----------------------|
|  |           |                  | BASE RA              | TE FEES FOR EACH                   |           |                    |                      |                      |
| ONE HUNDRED FOR                                  | RTY-FIRST | SUBSCRIBER GROUP | 0                    | ONE HUNDRED FOR<br>COMMUNITY/ AREA | TY-SECOND | SUBSCRIBER GROUP   | 0                    | 9                    |
| COMMONT T/ AREA                                  |           |                  | v                    |                                    |           |                    | V                    | Computation          |
| CALL SIGN  | DSE       | CALL SIGN        | DSE                  | CALL SIGN                          | DSE       | CALL SIGN          | DSE                  | of                   |
|  |           |                  |                      |                                    |           |                    |                      | Base Rate Fee<br>and |
|  |           | -                |                      |                                    |           |                    |                      | Syndicated           |
|  |           |                  |                      |                                    |           |                    |                      | Exclusivity          |
|  |           |                  |                      |                                    |           |                    |                      | Surcharge<br>for     |
|  |           | -                |                      |                                    |           |                    |                      | Partially            |
|  |           |                  |                      |                                    |           |                    |                      | Distant              |
|  |           |                  |                      |                                    |           |                    |                      | Stations             |
|  |           | -                |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
| Total DSEs                                       |           |                  | 0.00                 | Total DSEs                         |           |                    | 0.00                 |                      |
| Gross Receipts First Gr                          | oup       | \$               | 0.00                 | Gross Receipts Secon               | d Group   | \$                 | 0.00                 |                      |
| Base Rate Fee First Gr                           | oup       | \$               | 0.00                 | Base Rate Fee Secon                | d Group   | \$                 | 0.00                 |                      |
| ONE HUNDRED FOR                                  | RTY-THIRD | SUBSCRIBER GROUP |                      | ONE HUNDRED FOR                    | TY-FOURTH | I SUBSCRIBER GROUP |                      |                      |
| COMMUNITY/ AREA                                  |           |                  | 0                    | COMMUNITY/ AREA                    |           |                    |                      |                      |
| CALL SIGN  | DSE       | CALL SIGN        | DSE                  | CALL SIGN                          | DSE       | CALL SIGN          | DSE                  |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           | -                |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           | -                |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           | -                |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
|  |           |                  |                      |                                    |           |                    |                      |                      |
| Total DSEs0.00                                   |           |                  | Total DSEs           |                                    |           | 0.00               |                      |                      |
| Gross Receipts Third G                           | roup      | \$               | 0.00                 | Gross Receipts Fourth              | Group     | \$                 | 0.00                 |                      |
| Base Rate Fee Third Group \$ 0.00                |           | 0.00             | Base Rate Fee Fourth | Group                              | \$        | 0.00               |                      |                      |
| Base Rate Fee: Add th<br>Enter here and in block |           |                  | riber group          | as shown in the boxes a            | bove.     | \$                 |                      |                      |

| LEGAL NAME OF OWNEF                            | OF CABLI                    | E SYSTEM:                             |              |                          |           | SY               | STEM ID#<br>006230 | Name              |
|--|-----------------------------|---------------------------------------|--------------|--------------------------|-----------|------------------|--------------------|-------------------|
| BI   | OCK A:                      | COMPUTATION OF                        | BASE RA      | TE FEES FOR EACH         | SUBSCR    | BER GROUP        |                    |                   |
|  | RTY-FIFTH                   | SUBSCRIBER GROUP                      |              | ONE HUNDRED FO           | RTY-SIXTH | SUBSCRIBER GROUP | •                  | 9                 |
| COMMUNITY/ AREA                                | COMMUNITY/ AREA 0           |                                       |              |                          |           |                  | 0                  | Computation       |
| CALL SIGN                                      | CALL SIGN DSE CALL SIGN DSE |                                       |              |                          | DSE       | CALL SIGN        | DSE                | of                |
|  |                             |                                       |              |                          |           |                  |                    | Base Rate Fee     |
|  |                             |                                       |              |                          |           | -                |                    | and<br>Syndicated |
|  |                             | -                                     |              |                          |           |                  |                    | Exclusivity       |
|  |                             |                                       |              |                          |           |                  |                    | Surcharge         |
|  |                             |                                       |              |                          |           |                  |                    | for<br>Partially  |
|  |                             |                                       |              |                          |           | -                |                    | Distant           |
|  |                             |                                       |              |                          |           |                  |                    | Stations          |
|  |                             |                                       |              |                          |           | -                |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  | 0.00               |                   |
| Total DSEs                                     |                             |                                       | 0.00         | Total DSEs               |           |                  |                    |                   |
| Gross Receipts First Gro                       | oup                         | \$                                    | 0.00         | Gross Receipts Second    | d Group   | \$               | 0.00               |                   |
| Base Rate Fee First Gro                        | oup                         | \$                                    | 0.00         | Base Rate Fee Second     | d Group   | \$               | 0.00               |                   |
| ONE HUNDRED FORTY-                             | SEVENTH                     | SUBSCRIBER GROUP                      |              | ONE HUNDRED FOR          |           |                  |                    |                   |
| COMMUNITY/ AREA                                |                             |                                       | 0            | COMMUNITY/ AREA          |           |                  |                    |                   |
| CALL SIGN                                      | DSE                         | CALL SIGN                             | DSE          | CALL SIGN                | DSE       | CALL SIGN        | DSE                |                   |
|  |                             | _                                     |              |                          |           |                  |                    |                   |
|  |                             | -                                     |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           | -                |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             | ]                                     |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
| Total DSEs                                     |                             | · · · · · · · · · · · · · · · · · · · | 0.00         | Total DSEs               |           | · ·              | 0.00               |                   |
| Gross Receipts Third Gr                        | oup                         | \$                                    | 0.00         | Gross Receipts Fourth    | Group     | \$               | 0.00               |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
| Base Rate Fee Third Gr                         | oup                         | \$                                    | 0.00         | Base Rate Fee Fourth     | Group     | \$               | 0.00               |                   |
|  |                             |                                       |              |                          |           |                  |                    |                   |
| Base Rate Fee: Add the Enter here and in block |                             |                                       | iber group a | as shown in the boxes at | oove.     | \$               |                    |                   |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | R OF CABLI | E SYSTEM:       |              |                          |         | S         | YSTEM ID#<br>006230 | Name                |
|--|------------|-----------------|--------------|--------------------------|---------|-----------|---------------------|---------------------|
|  |            |                 |              | TE FEES FOR EACH         |         |           |                     |                     |
| ONE HUNDRED FORT                               | Y-NINTH    | SUBSCRIBER GROU | P<br>0       | ONE HUNDRED              | P<br>0  | 9         |                     |                     |
|  |            |                 |              |                          |         |           |                     | Computation         |
| CALL SIGN                                      | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN | DSE                 | of<br>Base Rate Fee |
|  |            |                 |              |                          |         |           |                     | and                 |
|  |            |                 |              |                          |         |           |                     | Syndicated          |
|  |            |                 |              |                          |         |           |                     | Exclusivity         |
|  |            |                 |              |                          |         |           |                     | Surcharge<br>for    |
|  |            |                 |              |                          |         |           |                     | Partially           |
|  |            |                 |              |                          |         |           |                     | Distant<br>Stations |
|  |            |                 |              |                          |         |           |                     | otations            |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
| Total DSEs                                     |            |                 | 0.00         | Total DSEs               |         |           | 0.00                |                     |
| Gross Receipts First Gro                       | oup        | \$              | 0.00         | Gross Receipts Second    | d Group | \$        | 0.00                |                     |
| Base Rate Fee First Gr                         | oup        | \$              | 0.00         | Base Rate Fee Second     | d Group | \$        | 0.00                |                     |
|  | TY-FIRST   | SUBSCRIBER GROU |              | ONE HUNDRED FIFTY        |         |           |                     |                     |
| COMMUNITY/ AREA                                |            |                 | 0            | COMMUNITY/ AREA          |         |           |                     |                     |
| CALL SIGN                                      | DSE        | CALL SIGN       | DSE          | CALL SIGN                | DSE     | CALL SIGN | DSE                 |                     |
|  |            | -               |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            | -               |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            | -               |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
|  |            |                 |              |                          |         |           |                     |                     |
| Total DSEs 0.00                                |            |                 | Total DSEs   |                          |         | 0.00      |                     |                     |
| Gross Receipts Third G                         | roup       | \$              | 0.00         | Gross Receipts Fourth    | Group   | \$        | 0.00                |                     |
| Base Rate Fee Third Group \$ 0.00              |            |                 | 0.00         | Base Rate Fee Fourth     | Group   | \$        | 0.00                |                     |
| Base Rate Fee: Add the Enter here and in block |            |                 | iber group : | as shown in the boxes ab | oove.   | \$        |                     |                     |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.         | R OF CABL                         | E SYSTEM:       |              |                                     |         | SY               | STEM ID#<br>006230 | Name                     |
|--|-----------------------------------|-----------------|--------------|-------------------------------------|---------|------------------|--------------------|--------------------------|
|  |                                   |                 |              | TE FEES FOR EACH                    |         |                  |                    |                          |
| ONE HUNDRED FIFT                               | ry-third                          | SUBSCRIBER GROU | P 0          | ONE HUNDRED FIFT                    | -FOURTH | SUBSCRIBER GROUF | ,<br>0             | 9                        |
|  |                                   |                 |              |                                     |         |                  | -                  | Computation              |
| CALL SIGN                                      | CALL SIGN DSE CALL SIGN DSE       |                 |              |                                     | DSE     | CALL SIGN        | DSE                | of<br>Base Rate Fee      |
|  |                                   |                 |              |                                     |         |                  |                    | and                      |
|  |                                   |                 |              |                                     |         |                  |                    | Syndicated               |
|  |                                   |                 |              |                                     |         |                  |                    | Exclusivity<br>Surcharge |
|  |                                   |                 |              |                                     |         |                  |                    | for                      |
|  |                                   |                 |              |                                     |         |                  |                    | Partially<br>Distant     |
|  |                                   |                 |              |                                     |         |                  |                    | Stations                 |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
| Total DSEs                                     |                                   |                 | 0.00         | Total DSEs                          |         |                  | 0.00               |                          |
| Gross Receipts First Gr                        | oup                               | \$              | 0.00         | Gross Receipts Second Group \$ 0.00 |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
| Base Rate Fee First Gr                         | -                                 | \$              | 0.00         | Base Rate Fee Second                |         | \$               | 0.00               |                          |
| ONE HUNDRED FIF                                | TY-FIFTH                          | SUBSCRIBER GROU | P 0          | ONE HUNDRED FI                      |         |                  |                    |                          |
|  |                                   |                 | · · · · · ·  |                                     |         |                  |                    |                          |
| CALL SIGN                                      | DSE                               | CALL SIGN       | DSE          | CALL SIGN                           | DSE     | CALL SIGN        | DSE                |                          |
|  |                                   | -               |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   | -               |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         | -                |                    |                          |
|  |                                   |                 |              |                                     |         | -                |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
| Total DSEs                                     |                                   |                 | 0.00         | Total DSEs                          | 1       |                  | 0.00               |                          |
| Gross Receipts Third Group \$ 0.00             |                                   |                 |              | Gross Receipts Fourth               | Group   | \$               | 0.00               |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
| Base Rate Fee Third G                          | Base Rate Fee Third Group \$ 0.00 |                 |              | Base Rate Fee Fourth                | Group   | \$               | 0.00               |                          |
|  |                                   |                 |              |                                     |         |                  |                    |                          |
| Base Rate Fee: Add the Enter here and in block |                                   |                 | iber group a | as shown in the boxes ab            | ove.    | \$               |                    |                          |

| LEGAL NAME OF OWNEF                            | R OF CABLI | E SYSTEM:        |              |                          |            | SY               | STEM ID#<br>006230 | Name              |
|--|------------|------------------|--------------|--------------------------|------------|------------------|--------------------|-------------------|
|  |            |                  | BASE RA      | TE FEES FOR EACH         | SUBSCRI    | BER GROUP        |                    |                   |
| ONE HUNDRED FIFTY-                             | SEVENTH    | SUBSCRIBER GROUP | 0            |                          | TY-EIGHTH  | SUBSCRIBER GROUP | 0                  | 9                 |
| COMMUNITY/ AREA                                |            |                  | 0            | COMMUNITY/ AREA          |            |                  | 0                  | Computation       |
| CALL SIGN                                      | DSE        | CALL SIGN        | DSE          | CALL SIGN                | DSE        | CALL SIGN        | DSE                | of                |
|  |            |                  |              |                          |            |                  |                    | Base Rate Fee     |
|  |            |                  |              |                          |            |                  |                    | and<br>Syndicated |
|  |            | -                |              |                          |            | =                |                    | Exclusivity       |
|  |            |                  |              |                          |            |                  |                    | Surcharge         |
|  |            | -                |              |                          |            | -                |                    | for<br>Partially  |
|  |            |                  |              |                          |            |                  |                    | Distant           |
|  |            |                  |              |                          |            |                  |                    | Stations          |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
| Total DSEs                                     |            |                  | 0.00         | Total DSEs               |            | 11               | 0.00               |                   |
| Gross Receipts First Gro                       | oup        | \$               | 0.00         | Gross Receipts Secon     | d Group    | \$               | 0.00               |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
| Base Rate Fee First Gro                        |            | \$               | 0.00         | Base Rate Fee Secon      |            | \$               | 0.00               |                   |
| ONE HUNDRED FIF                                | TY-NINTH   | SUBSCRIBER GROUP | 0            | ONE HUNDRE               | D SIXTIETH | SUBSCRIBER GROUP | 0                  |                   |
| COMMONIT I/ AREA                               |            |                  | U            | COMMONT IT AREA          |            |                  | U                  |                   |
| CALL SIGN                                      | DSE        | CALL SIGN        | DSE          | CALL SIGN                | DSE        | CALL SIGN        | DSE                |                   |
|  |            | -                |              |                          |            | _                |                    |                   |
|  |            |                  |              |                          |            | -                |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            | _                |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            | -                |                    |                   |
|  |            |                  |              |                          |            | -                |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
| Total DSEs                                     |            |                  | 0.00         | Total DSEs               |            |                  | 0.00               |                   |
| Gross Receipts Third Gr                        | oup        | \$               | 0.00         | Gross Receipts Fourth    | Group      | \$               | 0.00               |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
| Base Rate Fee Third Gr                         | oup        | \$               | 0.00         | Base Rate Fee Fourth     | Group      | \$               | 0.00               |                   |
|  |            |                  |              |                          |            |                  |                    |                   |
| Base Rate Fee: Add the Enter here and in block |            |                  | iber group a | as shown in the boxes al | oove.      | \$               |                    |                   |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |             | E SYSTEM:        |           |                       |         | \$                | SYSTEM ID#<br>006230 | Name              |
|---------------------------------------|-------------|------------------|-----------|-----------------------|---------|-------------------|----------------------|-------------------|
| E                                     | BLOCK A:    | COMPUTATION OF   | BASE RA   | ATE FEES FOR EACH     | SUBSCR  | BER GROUP         |                      |                   |
|                                       |             | SUBSCRIBER GROU  |           |                       |         | SUBSCRIBER GRO    | UP                   | •                 |
| COMMUNITY/ AREA                       | Brookh      | aven, Lincoln Co | o., Wessa | COMMUNITY/ AREA       | McCom   | b, Magnolia, Pike | e Co.,Summ           | 9<br>Computation  |
| CALL SIGN                             | DSE         | CALL SIGN        | DSE       | CALL SIGN             | DSE     | CALL SIGN         | DSE                  | of                |
|                                       |             |                  |           |                       |         |                   |                      | Base Rate Fee     |
|                                       |             |                  |           |                       |         | -                 |                      | and<br>Syndicated |
|                                       |             | -                |           |                       |         | -                 |                      | Exclusivity       |
|                                       |             | -                |           |                       |         | -                 |                      | Surcharge         |
|                                       |             | -                |           |                       |         |                   |                      | for               |
|                                       |             |                  |           |                       |         |                   |                      | Partially         |
|                                       |             |                  |           |                       |         |                   |                      | Distant           |
|                                       |             |                  |           |                       |         |                   |                      | Stations          |
|                                       |             | -                |           |                       |         | -                 |                      |                   |
|                                       |             |                  |           |                       |         |                   |                      |                   |
|                                       |             | -                |           |                       |         | -                 |                      |                   |
|                                       |             |                  |           |                       |         |                   |                      |                   |
|                                       |             |                  |           |                       |         |                   |                      |                   |
| Total DSEs                            | •           |                  | 0.00      | Total DSEs            |         |                   | 0.00                 |                   |
| Gross Receipts First G                | roup        | <u>\$</u> 258    | ,712.35   | Gross Receipts Secon  | d Group | \$                | 627,496.33           |                   |
|                                       |             |                  |           |                       |         |                   |                      |                   |
| Base Rate Fee First G                 | roup        | \$               | 0.00      | Base Rate Fee Secon   | d Group | \$                | 0.00                 |                   |
|                                       | THIRD       | SUBSCRIBER GROU  | JP        |                       | FOURTH  | SUBSCRIBER GRO    | UP                   |                   |
| 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 C                | Group       | \$               | 0.00      | Gross Receipts Fourth | Group   | \$                | 0.00                 |                   |
| Base Rate Fee Third C                 | Group       | \$               | 0.00      | Base Rate Fee Fourth  | Group   | \$                | 0.00                 |                   |
| tł                                    | ne base rat |                  |           | Base Rate Fee Fourth  |         | \$                | 0.00                 |                   |

| Nan               | 006230         |                       |         |                              |                        |                       |         | CABLE ONE, INC.              |
|-------------------|----------------|-----------------------|---------|------------------------------|------------------------|-----------------------|---------|------------------------------|
|                   |                |                       |         | TE FEES FOR EAC              |                        |                       |         | В                            |
| 9                 | UP<br>0        | SUBSCRIBER GRO        | SIXTH   | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | FIFIH   | COMMUNITY/ AREA              |
| Computa<br>of     | DSE            | CALL SIGN             | DSE     | CALL SIGN                    | DSE                    | CALL SIGN             | DSE     | CALL SIGN                    |
| Base Rate         |                | -                     |         |                              |                        |                       |         |                              |
| and<br>Syndica    |                |                       |         |                              |                        |                       |         |                              |
| Exclusiv          |                |                       |         |                              |                        |                       |         |                              |
| Surcha            |                |                       |         |                              |                        |                       |         |                              |
| for               |                |                       |         |                              |                        |                       |         |                              |
| Partial<br>Distar |                | -                     |         |                              |                        |                       |         |                              |
| Station           |                |                       |         |                              |                        | -                     |         |                              |
|                   |                | -                     |         |                              |                        |                       |         |                              |
|                   |                |                       |         |                              |                        |                       |         |                              |
|                   |                |                       |         |                              |                        |                       |         |                              |
|                   |                |                       |         |                              |                        |                       |         |                              |
|                   |                |                       |         |                              |                        |                       |         |                              |
|                   | 0.00           |                       |         | Total DSEs                   | 0.00                   |                       |         | otal DSEs                    |
|                   | 0.00           | \$                    | d Group | Gross Receipts Seco          | 0.00                   | \$                    | oup     | Gross Receipts First Gr      |
|                   |                |                       |         |                              |                        |                       |         |                              |
|                   | 0.00           | \$                    | d Group | Base Rate Fee Seco           | 0.00                   | \$                    | ano     | <b>ase Rate Fee</b> First Gr |
|                   | 0.00           | \$                    |         | Base Rate Fee Seco           | 0.00                   | \$                    |         |                              |
|                   | UP             | \$<br>SUBSCRIBER GROU |         |                              | JP                     | \$<br>SUBSCRIBER GROU |         |                              |
|                   | J              |                       |         | Base Rate Fee Seco           |                        | L                     |         |                              |
|                   | UP             |                       |         |                              | JP                     | L                     |         |                              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | :OMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | SOMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | :OMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | SOMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | :OMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | SOMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | SOMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | :OMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | SOMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | COMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | :OMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | :OMMUNITY/ AREA              |
|                   | UP<br>0        | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              | JP<br>0                | SUBSCRIBER GROU       | SEVENTH | CALL SIGN                    |
|                   | UP<br>0<br>DSE | SUBSCRIBER GRO        | EIGHTH  | COMMUNITY/ AREA              |                        | SUBSCRIBER GROU       | DSE     | CALL SIGN                    |
|                   | UP<br>0<br>DSE | SUBSCRIBER GROU       | EIGHTH  | COMMUNITY/ AREA<br>CALL SIGN | JP<br>0<br>DSE<br>0.00 | SUBSCRIBER GROU       | DSE     | COMMUNITY/ AREA              |

|               | 006230         |                 |         |                      |                |                       |         | CABLE ONE, INC.              |
|---------------|----------------|-----------------|---------|----------------------|----------------|-----------------------|---------|------------------------------|
|               |                |                 |         | TE FEES FOR EACH     |                |                       |         | В                            |
| ç             | JP<br>0        | SUBSCRIBER GROU | TENTH   | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | NINTH   | COMMUNITY/ AREA              |
| Compu<br>of   | DSE            | CALL SIGN       | DSE     | CALL SIGN            | DSE            | CALL SIGN             | DSE     | CALL SIGN                    |
| Base Ra       |                |                 | 202     |                      | 502            |                       | 202     |                              |
| an            |                |                 |         |                      |                | -                     |         |                              |
| Syndic        |                |                 |         |                      |                | =                     |         |                              |
| Exclus        |                | -               |         |                      |                |                       |         |                              |
| Surcha<br>for |                |                 |         |                      |                |                       |         |                              |
| Partia        |                | -               |         |                      |                | -                     | -       |                              |
| Dista         |                |                 |         |                      |                |                       |         |                              |
| Statio        |                |                 |         |                      |                |                       |         |                              |
|               |                |                 |         |                      |                | -                     |         |                              |
|               |                | -               |         |                      |                | -                     |         |                              |
|               |                |                 |         |                      |                | -                     |         |                              |
|               |                |                 |         |                      |                |                       |         |                              |
|               |                |                 |         |                      |                |                       |         |                              |
|               | 0.00           |                 |         | Total DSEs           | 0.00           |                       |         | otal DSEs                    |
|               | 0.00           | \$              | l Group | Gross Receipts Secon | 0.00           | \$                    | oup     | Bross Receipts First Gr      |
|               |                |                 |         |                      |                |                       |         |                              |
|               | 0.00           | \$              | l Group | Base Rate Fee Secon  | 0.00           | \$                    | oup     | <b>ase Rate Fee</b> First Gr |
|               |                |                 |         |                      |                |                       | -       |                              |
|               |                | SUBSCRIBER GROU |         |                      |                | \$<br>SUBSCRIBER GROU | -       | El                           |
|               | JP             |                 |         |                      | JP             |                       | -       | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | El                           |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | COMMUNITY/ AREA              |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>OMMUNITY/ AREA         |
|               | JP<br>0        | SUBSCRIBER GROU | TWELVTH | COMMUNITY/ AREA      | JP<br>0        | SUBSCRIBER GROU       | LEVENTH | EI<br>CALL SIGN              |
|               | JP<br>0<br>DSE | SUBSCRIBER GROU | DSE     | COMMUNITY/ AREA      | JP<br>0<br>DSE | SUBSCRIBER GROU       |         | EI<br>COMMUNITY/ AREA        |

| LEGAL NAME OF OW<br>CABLE ONE, IN           |           | E SYSTEM:      |              |                       |           | S                 | 9YSTEM ID#<br>006230 | Name                     |
|---|-----------|----------------|--------------|-----------------------|-----------|-------------------|----------------------|--------------------------|
|   |           |                |              | TE FEES FOR EAC       |           |                   |                      |                          |
|   |           | SUBSCRIBER GRC |              | 11                    |           | SUBSCRIBER GROU   |                      | 9                        |
| COMMUNITY/ ARE                              | 4         |                | 0            | COMMUNITY/ AREA       | 4         |                   | 0                    | Computation              |
| CALL SIGN                                   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN         | DSE                  | of                       |
|   |           |                |              |                       |           |                   |                      | Base Rate Fe             |
|   |           |                |              |                       |           |                   |                      | and                      |
|   |           | -              |              |                       |           |                   |                      | Syndicated               |
|   |           |                |              |                       |           |                   |                      | Exclusivity<br>Surcharge |
|   |           |                |              |                       |           |                   |                      | for                      |
|   |           |                |              |                       |           |                   |                      | Partially                |
|   |           |                |              |                       |           |                   |                      | Distant                  |
|   |           | -              |              |                       |           |                   | ·····                | Stations                 |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
| Total DSEs                                  |           |                | 0.00         | Total DSEs            |           |                   | 0.00                 | •                        |
| Gross Receipts First                        | Group     | \$             | 0.00         | Gross Receipts Seco   | ond Group | \$                | 0.00                 |                          |
| Base Rate Fee First                         | Group     | \$             | 0.00         | Base Rate Fee Seco    | ond Group | \$                | 0.00                 |                          |
|   | FIFTEENTH | SUBSCRIBER GRC | UP           |                       | SIXTEENTH | I SUBSCRIBER GROU | JP                   |                          |
| COMMUNITY/ AREA                             | 4         |                | 0            | COMMUNITY/ ARE        | A         |                   | 0                    |                          |
| CALL SIGN                                   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE       | CALL SIGN         | DSE                  |                          |
|   |           | -              |              |                       |           | • <mark></mark>   |                      |                          |
|   |           | -              |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
|   |           |                |              |                       |           |                   |                      |                          |
| Total DSEs                                  |           |                | 0.00         | Total DSEs            |           |                   | 0.00                 |                          |
| Gross Receipts Third                        | Group     | <u></u>        | 0.00         | Gross Receipts Four   | th Group  | <u></u>           | 0.00                 |                          |
| Gross Necelhis Hill(                        | alloup    | <u>\$</u>      | 0.00         |                       | an Group  | \$                | 0.00                 |                          |
| Base Rate Fee Third                         | d Group   | \$             | 0.00         | Base Rate Fee Four    | th Group  | \$                | 0.00                 |                          |
| Base Rate Fee: Add<br>Enter here and in blo |           |                | criber group | as shown in the boxes | above.    | \$                |                      |                          |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABLE | E SYSTEM:       |              |                         |          | S               | YSTEM ID#<br>006230 | Name                     |
|---|------------|-----------------|--------------|-------------------------|----------|-----------------|---------------------|--------------------------|
|   |            |                 |              | TE FEES FOR EACH        |          |                 |                     |                          |
| SEVEN<br>COMMUNITY/ AREA                          | ITEENTH    | SUBSCRIBER GROU | P<br>0       | EIC<br>COMMUNITY/ AREA  | GHTEENTH | SUBSCRIBER GROU | P<br>0              | 9                        |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN               | DSE      | CALL SIGN       | DSE                 | Computation<br>of        |
|   | DOL        | ONEE OIGH       | DOL          |                         | DOL      |                 |                     | Base Rate Fee            |
|   |            |                 |              |                         |          |                 |                     | and                      |
|   |            |                 |              |                         |          |                 |                     | Syndicated               |
|   |            |                 |              |                         |          |                 |                     | Exclusivity<br>Surcharge |
|   |            |                 |              |                         |          |                 |                     | for                      |
|   |            |                 |              |                         |          |                 |                     | Partially                |
|   |            |                 |              |                         |          |                 |                     | Distant<br>Stations      |
|   |            |                 |              |                         |          |                 |                     | Stations                 |
|   |            |                 |              |                         |          |                 |                     |                          |
|   |            |                 |              |                         |          |                 |                     |                          |
|   |            |                 |              |                         |          |                 |                     |                          |
|   |            |                 |              |                         |          |                 |                     |                          |
| Total DSEs  |            |                 | 0.00         | Total DSEs              | ·        |                 | 0.00                |                          |
| Gross Receipts First Gro                          | oup        | \$              | 0.00         | Gross Receipts Secon    | d Group  | \$              | 0.00                |                          |
| Base Rate Fee First Gro                           | oup        | \$              | 0.00         | Base Rate Fee Secon     | d Group  | \$              | 0.00                |                          |
| NIN   | ITEENTH    | SUBSCRIBER GROU |              | T                       | WENTIETH | SUBSCRIBER GROU | Р                   |                          |
| 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 Gr                           | oup        | \$              | 0.00         | Gross Receipts Fourth   | Group    | \$              | 0.00                |                          |
| Base Rate Fee Third Gr                            | oup        | \$              | 0.00         | Base Rate Fee Fourth    | Group    | \$              | 0.00                |                          |
| Base Rate Fee: Add the<br>Enter here and in block |            |                 | iber group a | as shown in the boxes a | bove.    | \$              |                     |                          |

|                      | 006230 |                 |          |                                     |      | E SYSTEM:       |          | CABLE ONE, INC.                       |
|----------------------|--------|-----------------|----------|-------------------------------------|------|-----------------|----------|---------------------------------------|
|                      |        |                 |          | TE FEES FOR EACH                    |      |                 |          |                                       |
| 9                    |        | SUBSCRIBER GROU | -SECOND  |                                     |      | SUBSCRIBER GROU | TY-FIRST |                                       |
| J<br>Computat        | 0      |                 |          | COMMUNITY/ AREA                     | 0    |                 |          | COMMUNITY/ AREA                       |
| of                   | DSE    | CALL SIGN       | DSE      | CALL SIGN                           | DSE  | CALL SIGN       | DSE      | CALL SIGN                             |
| Base Rate            |        |                 |          |                                     |      |                 |          |                                       |
| and                  |        | -               |          |                                     |      |                 |          |                                       |
| Syndicat             |        | -               |          |                                     |      |                 |          |                                       |
| Exclusiv<br>Surcharg |        | -               |          |                                     |      | -               |          |                                       |
| for                  |        | -               |          |                                     |      | -               |          |                                       |
| Partiall             |        |                 |          |                                     |      |                 |          |                                       |
| Distant              |        | -               |          |                                     |      |                 |          |                                       |
| Station              |        | -               |          |                                     |      |                 |          |                                       |
|                      |        | -               |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      | 0.00   |                 |          | Total DSEs                          | 0.00 |                 |          | Fotal DSEs                            |
|                      | 0.00   | \$              | l Group  | Gross Receipts Second               | 0.00 | \$              | oup      | Gross Receipts First Gro              |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      | 0.00   | \$              | I Group  | Base Rate Fee Second                | 0.00 | \$              | oup      | Base Rate Fee First Gro               |
|                      | JP     | SUBSCRIBER GROU | ′-FOURTH | TWENT                               | IP   | SUBSCRIBER GROU | Y-THIRD  | TWENT                                 |
|                      | 0      |                 |          | COMMUNITY/ AREA                     | 0    |                 |          | COMMUNITY/ AREA                       |
|                      | DSE    | CALL SIGN       | DSE      | CALL SIGN                           | DSE  | CALL SIGN       | DSE      | CALL SIGN                             |
|                      |        | -               |          |                                     |      |                 |          |                                       |
|                      |        | -               |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      | -               |          |                                       |
|                      |        | -               |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      | -               |          |                                       |
|                      |        | -               |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      |        |                 |          |                                     |      |                 |          |                                       |
|                      | 0.00   |                 |          | Total DSEs                          | 0.00 |                 |          | Fotal DSEs                            |
|                      | 0.00   | <pre></pre>     | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00 | \$              | roup     | Total DSEs<br>Gross Receipts Third Gi |
|                      |        |                 | Group    |                                     |      | <pre></pre>     | roup     |                                       |

| IBBER GROUP     0     9       SIGN     DSE     of       Base Rate     and       Syndicat     Exclusiv       Surchar     for       Partiall     Distan       Station     0.00       0.00     0.00                           | I SUBSCRIBER GRO   | DSE      | TE FEES FOR EAC<br>TWI<br>COMMUNITY/ AREA<br>CALL SIGN |      | SUBSCRIBER GRO | NTY-FIFTH |                         |
|--|--|----------|--|------|----------------|-----------|-------------------------|
| 0     9       SIGN     DSE       SIGN     DSE       Base Rate       and       Syndica       Exclusive       Surchar       for       Partial       Distan       Station       0.00       0.00                               | CALL SIGN  | DSE      | COMMUNITY/ AREA<br>CALL SIGN                           | 0    |                |           | COMMUNITY/ AREA         |
| SIGN       DSE       of         Base Rate       and         Syndicar       Exclusive         Surchar       for         Partiall       Distan         Station       Station         0.00       0.00         0.00       0.00 | CALL SIGN  | DSE      |  |      |                |           |                         |
| SIGN     DSE     of       Base Rate     and       Syndicat     Exclusiv       Surchar     for       Partiall     Distan       Station     0.00       0.00     0.00   | CALL SIGN  | DSE      |  |      |                |           |                         |
| Syndicat       Exclusiv       Surcharge       for       Partially       Distant       Station       0.00       0.00  | Image: Solution of the second seco                        | 1 Group  | Total DSEs   |      |                |           |                         |
| Syndicate       Exclusivi       Surcharg       for       Partially       Distant       Stations       0.00       0.00  | Image: Source of the second                        | 1 Group  | Total DSEs   |      |                |           |                         |
| Exclusive<br>Surcharg<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>0.00   | <ul> <li></li></ul>  | 1 Group  | Total DSEs   |      |                |           |                         |
| Surcharg       for       Partially       Distant       Stations       0.00       0.00  | Image: Solution of the second seco                        | 1 Group  | Total DSEs   |      |                |           |                         |
| for       Partially       Distant       Stations       0.00       0.00   | Image: Sector                        | 1 Group  | Total DSEs   |      |                |           |                         |
| Partially       Distant       Stations       0.00       0.00       0.00  | <ul> <li>Image: Second sec</li></ul> | 1 Group  | Total DSEs   |      |                |           |                         |
| Distant           Stations           0.00           0.00           0.00  |  | 1 Group  | Total DSEs   |      |                |           |                         |
| 0.00           0.00           0.00   |  | 1 Group  | Total DSEs   |      |                |           |                         |
| 0.00 0.00 0.00   | S  | d Group  | Total DSEs   |      |                |           |                         |
| 0.00   | s  | d Group  | Total DSEs   |      |                |           |                         |
| 0.00   |  | d Group  | Total DSEs   |      | . 🛏            |           |                         |
| 0.00   | S  | d Group  | Total DSEs   |      |                |           |                         |
| 0.00   | <u></u>  | d Group  | Total DSEs   |      |                |           |                         |
| 0.00   | \$   | d Group  | Total DSEs   |      |                |           |                         |
| 0.00   | \$   | d Group  | Total DSEs   |      |                |           |                         |
| 0.00   | \$   | d Group  |  | 0.00 |                |           | otal DSEs               |
|  |  |          | Gross Receipts Seco                                    | 0.00 | \$             | iroup     | Gross Receipts First Gr |
|  |  |          |  |      |                |           |                         |
|  | \$   | d Group  | Base Rate Fee Seco                                     | 0.00 | \$             | iroup     | Base Rate Fee First Gr  |
| IBER GROUP   | I SUBSCRIBER GRO   | Y-EIGHTH | TWEN   | OUP  | SUBSCRIBER GRO | SEVENTH   | TWENTY-                 |
| 0  |  |          | COMMUNITY/ AREA  | 0    |                |           | COMMUNITY/ AREA         |
| SIGN DSE   | CALL SIGN  | DSE      | CALL SIGN  | DSE  | CALL SIGN      | DSE       | CALL SIGN               |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  | n <mark>-</mark>   |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
|  |  |          |  |      |                |           |                         |
| 0.00   |  |          | Total DSEs   | 0.00 | ·····          |           | otal DSEs               |
| 0.00   | \$   | Group    | Gross Receipts Fourt                                   | 0.00 | \$             | Group     | Gross Receipts Third G  |
|  | ·  | ſ        |  |      | ·              |           |                         |
| 0.00   | \$   | Group    | Base Rate Fee Four                                     | 0.00 | \$             | Group     | Base Rate Fee Third G   |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABLE | E SYSTEM:       |              |                         |           | S               | YSTEM ID#<br>006230 | Name                      |
|---|------------|-----------------|--------------|-------------------------|-----------|-----------------|---------------------|---------------------------|
|   |            |                 |              | TE FEES FOR EACH        |           |                 |                     |                           |
| TWENT<br>COMMUNITY/ AREA                          | Y-NINTH    | SUBSCRIBER GROU | P<br>0       | COMMUNITY/ AREA         | THIRTIETH | SUBSCRIBER GROU | P                   | 9                         |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN               | DSE       | CALL SIGN       | DSE                 | Computation<br>of         |
|   | DOL        | ONLE OION       | DOL          |                         | DOL       |                 | DOL                 | Base Rate Fee             |
|   |            |                 |              |                         |           |                 |                     | and                       |
|   |            |                 |              |                         |           |                 |                     | Syndicated<br>Exclusivity |
|   |            |                 |              |                         |           |                 |                     | Surcharge                 |
|   |            |                 |              |                         |           |                 |                     | for                       |
|   |            |                 |              |                         |           |                 |                     | Partially                 |
|   |            |                 |              |                         |           |                 |                     | Distant<br>Stations       |
|   |            | -               |              |                         |           |                 |                     | •••••••                   |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            | -               |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
| Total DSEs  |            |                 | 0.00         | Total DSEs              |           |                 | 0.00                |                           |
| Gross Receipts First Gro                          | oup        | \$              | 0.00         | Gross Receipts Secon    | d Group   | \$              | 0.00                |                           |
| Base Rate Fee First Gro                           | oup        | \$              | 0.00         | Base Rate Fee Secon     | d Group   | \$              | 0.00                |                           |
| THIR  | TY-FIRST   | SUBSCRIBER GROU |              | THIRT                   | Y-SECOND  | SUBSCRIBER GROU |                     |                           |
| COMMUNITY/ AREA                                   |            |                 | 0            | COMMUNITY/ AREA         |           |                 | 0                   |                           |
| CALL SIGN   | DSE        | CALL SIGN       | DSE          | CALL SIGN               | DSE       | CALL SIGN       | DSE                 |                           |
|   |            | -               |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
|   |            |                 |              |                         |           |                 |                     |                           |
| Total DSEs  |            |                 | 0.00         | Total DSEs              |           |                 | 0.00                |                           |
| Gross Receipts Third Gr                           | oup        | \$              | 0.00         | Gross Receipts Fourth   | Group     | \$              | 0.00                |                           |
| Base Rate Fee Third Gr                            | oup        | \$              | 0.00         | Base Rate Fee Fourth    | Group     | \$              | 0.00                |                           |
| Base Rate Fee: Add the<br>Enter here and in block |            |                 | iber group a | as shown in the boxes a | bove.     | \$              |                     |                           |

|            |                |                 |          | TE FEES FOR EACH         |         |                       |          |                               |
|------------|----------------|-----------------|----------|--------------------------|---------|-----------------------|----------|-------------------------------|
|            | лр<br><b>О</b> | SUBSCRIBER GROU | -FOURTH  | THIRT<br>COMMUNITY/ AREA | IP 0    | SUBSCRIBER GROU       | Y-THIRD  | THIRT<br>COMMUNITY/ AREA      |
| Com        |                |                 |          |                          |         |                       |          |                               |
| Base       | DSE            | CALL SIGN       | DSE      | CALL SIGN                | DSE     | CALL SIGN             | DSE      | CALL SIGN                     |
| Dase       |                |                 |          |                          |         | -                     |          |                               |
| Sync       |                |                 |          |                          |         | -                     |          |                               |
| Excl       |                |                 |          |                          |         |                       |          |                               |
| Surc       |                | -               |          |                          |         | -                     |          |                               |
| f          |                | -               |          |                          |         |                       |          |                               |
| Par<br>Dis |                |                 |          |                          |         |                       |          |                               |
| Sta        |                |                 |          |                          |         | -                     |          |                               |
|            |                |                 |          |                          |         |                       |          |                               |
|            |                |                 |          |                          |         | -                     |          |                               |
|            |                | -               |          |                          |         | -                     |          |                               |
|            |                |                 |          |                          |         |                       |          |                               |
|            |                |                 |          |                          |         |                       |          |                               |
|            | 0.00           |                 |          | Total DSEs               | 0.00    |                       |          | otal DSEs                     |
|            | 0.00           | \$              | Group    | Gross Receipts Second    | 0.00    | \$                    | oup      | Gross Receipts First Gro      |
|            |                |                 |          |                          |         |                       |          |                               |
|            | 0.00           | \$              | Group    | Base Rate Fee Second     | 0.00    | \$                    | oup      | <b>ase Rate Fee</b> First Gro |
|            |                |                 | -        |                          |         |                       | -        |                               |
|            |                | SUBSCRIBER GROU | -        |                          |         | \$<br>SUBSCRIBER GROU | -        | THIRT                         |
|            | JP             |                 | -        | THIF                     | IP      |                       | -        | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT                         |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT<br>OMMUNITY/ AREA       |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRT                         |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | COMMUNITY/ AREA               |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIR1                         |
|            | JP<br>0        | SUBSCRIBER GROU | TY-SIXTH | THI                      | IP<br>0 | SUBSCRIBER GROU       | TY-FIFTH | THIRI<br>CALL SIGN            |
|            | JP<br>0<br>DSE | SUBSCRIBER GROU | DSE      | COMMUNITY/ AREA          | DSE     | SUBSCRIBER GROU       | DSE      | THIR1                         |

| 0       COMMUNITY/ AREA       0       Computation         DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Computation of Base Rate Fee         Image: Computation of Base Rate Fee       Image: Computation of Base Rate Fee       Image: Computation of Base Rate Fee         Image: Computation of Base Rate Fee       Image: Computation of Base Rate Fee       Image: Computation of Base Rate Fee         Image: Computation of Base Rate Fee       Image: Computation of Base Rate Fee       Image: Computation of Base Rate Fee         Image: Computation of Computation of Base Rate Fee       Image: Computation of Base Rate Fee       Image: Computation of Base Rate Fee         Image: Computation of Computation of Computation of Base Rate Fee Second Group       Image: Computation of C  | LEGAL NAME OF OWNER C<br>CABLE ONE, INC. | of Cable | SYSTEM:         |         |                     |           | 5                | 6YSTEM ID#<br>006230 | Name     |
|---|--|----------|-----------------|---------|---------------------|-----------|------------------|----------------------|----------|
| 0     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     and       Syndicated     Syndicated     Exclusivity       DSE     DSE     O       DSE     DSE     O       DSE     DSE     O       DSE     DSE     O       DSE     Computation       DSE     DSE       DSE     O       DSE     Computation       DSE     Computation       DSE     Computation       DSE     Computation       DSE     O       DSE     Computation       DSE     Coll SiGN   | BLC                                      | OCK A: ( | COMPUTATION OF  | BASE RA | TE FEES FOR EAC     | H SUBSCR  | IBER GROUP       |                      |          |
| Operation       Operation         DSE       CALL SIGN       DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE       Call Sign       DSE         and       and       and       Syndicate         Syndicate       and       Syndicate       Exclusivity         Surcharge       and       Syndicate       Exclusivity         Surcharge       and       Syndicate       Exclusivity         Surcharge       and       and       Syndicate         and       and       and       Surcharge         bistant       stations       and       Stations         0.00       Gross Receipts Second Group       \$       0.00         DSE       CALL SIGN       DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE       CALL SIGN       DSE         and       and       and <t< td=""><td></td><td>VENTH</td><td>SUBSCRIBER GROU</td><td></td><td></td><td></td><td>SUBSCRIBER GRO</td><td></td><td>٥</td></t<>  |  | VENTH    | SUBSCRIBER GROU |         |                     |           | SUBSCRIBER GRO   |                      | ٥        |
| DSE     CALL SIGN     DSE     CALL SIGN     DSE       Image: Construction of Base Rate Fee     Image: Construction of Base Rate Fee     Image: Construction of Base Rate Fee       Image: Construction of C | COMMUNITY/ AREA                          |          |                 | 0       | COMMUNITY/ AREA     |           |                  | 0                    | -        |
| Base Rate Fe         and         Syndicated         Surcharge         and         Syndicated         Surcharge         and         Surcharge         and         and         Surcharge         and         and         Surcharge         and         base Rate Fee Second Group         and         a   | CALL SIGN                                | DSE      | CALL SIGN       | DSE     |                     | 1         | CALL SIGN        | DSE                  | -        |
| Syndicated         Syndicated         Exclusivity         Surcharge         for         Partially         Distant         Stations         Distant         Distant         Stations         Distant         Distant         Stations         Distant         Distant         Stations         Distant         Stations         Distant         Distant         Stations         Distant         Distant         Stations         Distant         Stations         Distant         Distant         Stations         Distant         Stations         Stations         Distant         Stations         Distant         Stations         Statinstrestrestrestrestrestrestrestrestrestre  |  |          |                 |         |                     |           |                  |                      |          |
| Image: Second Group       Image: Second Group<  |  |          |                 |         |                     |           |                  |                      | and      |
| Surcharge for         Partially         Image: Surcharge for         Partially         Image: Surcharge for         Image: Su   |  |          |                 |         |                     |           |                  |                      |          |
| for   Partially   Data   D.00   Total DSEs   Gross Receipts Second Group   Stations     0.00   Total DSEs   0.00   Gross Receipts Second Group   Stations     0.00   Base Rate Fee Second Group   Stations     0.00   DSE   CALL SIGN   DSE   DSE   |  |          |                 |         |                     |           |                  |                      | -        |
| Partially         0.00         Total DSEs         0.00         Gross Receipts Second Group         \$         0.00         Gross Receipts Second Group         \$         0.00         DSE         CALL SIGN         DSE         DSE         CALL SIGN         DSE         DSE    <   |  |          |                 |         |                     |           |                  |                      |          |
| Distant         Distant         Stations         Distant         Distant <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>   |  |          |                 |         |                     |           |                  |                      |          |
| 0.00       Total DSEs       0.00         0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         0       COMMUNITY/ AREA       0         0       CALL SIGN       DSE       CALL SIGN       DSE         0       CALL SIGN       DSE       CALL SIGN       DSE         0       Group       Group       Group       Group       Group         0       COMMUNITY/ AREA       0       Group       Group       Group       Group         0       COMMUNITY/ AREA       0       Group   |  |          |                 |         |                     |           |                  |                      |          |
| 0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         UP       FORTIETH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       0         DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Stations</td></td<>  |  |          |                 |         |                     |           |                  |                      | Stations |
| 0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         UP       FORTIETH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       0         DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>n <b>=</b></td><td></td><td></td></td<>  |  |          |                 |         |                     |           | n <b>=</b>       |                      |          |
| 0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         UP       FORTIETH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       0         DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |  |          |                 |         |                     |           |                  |                      |          |
| 0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         UP       FORTIETH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       0         DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O       O         O       O       O       O         O       O       O       O         O       O       O       O         O       O       O       O         O       O       O       O         O       O       O       O         O       O       O       O         O </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |          |                 |         |                     |           |                  |                      |          |
| 0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         UP       FORTIETH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       0         DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |  |          |                 |         |                     |           |                  |                      |          |
| 0.00       Gross Receipts Second Group       \$       0.00         0.00       Base Rate Fee Second Group       \$       0.00         UP       FORTIETH SUBSCRIBER GROUP       0         COMMUNITY/ AREA       0       0         DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |  |          |                 |         |                     |           |                  |                      |          |
| 0.00       Base Rate Fee Second Group       \$       0.00         UP       FORTIETH SUBSCRIBER GROUP         0       COMMUNITY/ AREA       0         DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         DSE       CALL SIGN       DSE         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O       O       O         O  | Total DSEs                               | L        |                 | 0.00    | Total DSEs          |           | 11               | 0.00                 |          |
| UP       FORTIETH SUBSCRIBER GROUP         0       COMMUNITY/ AREA       0         DSE       CALL SIGN       DSE         Image: Comparison of the second sec  | Gross Receipts First Grou                | р        | \$              | 0.00    | Gross Receipts Seco | ond Group | \$               | 0.00                 |          |
| UP       FORTIETH SUBSCRIBER GROUP         0       COMMUNITY/ AREA         DSE       CALL SIGN  |  |          |                 |         |                     |           |                  |                      |          |
| 0       COMMUNITY/ AREA       0         DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN         DSE       CALL SIGN       DSE         O       O       O         O       Total DSEs       0.00   | Base Rate Fee First Grou                 | р        | \$              | 0.00    | Base Rate Fee Seco  | ond Group | \$               | 0.00                 |          |
| DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE         A       A       A         A       A       A         A       A       A         B       A       A         CALL SIGN       DSE         A       A         A       A         A       A         B       A         B       A         B       A         B       A         B       A         B       A         B       B   | THIRTY                                   | -NINTH   | SUBSCRIBER GROU | Р       |                     | FORTIETH  | I SUBSCRIBER GRO | UP                   |          |
| 0.00         Total DSEs         0.00  | COMMUNITY/ AREA                          |          |                 | 0       | COMMUNITY/ AREA     | <b>\</b>  |                  | 0                    |          |
|   | CALL SIGN                                | DSE      | CALL SIGN       | DSE     | CALL SIGN           | DSE       | CALL SIGN        | DSE                  |          |
|   |  |          |                 |         |                     |           | •                |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
|   |  |          |                 |         |                     |           |                  |                      |          |
| 0.00 Gross Receipts Fourth Group \$ 0.00  | Total DSEs                               |          |                 | 0.00    | Total DSEs          |           |                  | 0.00                 |          |
|   | Gross Receipts Third Grou                | qu       | \$              | 0.00    | Gross Receipts Four | th Group  | \$               | 0.00                 |          |
| 0.00 Base Rate Fee Fourth Group \$ 0.00   | Base Rate Fee Third Grou                 | qı       | \$              | 0.00    | Base Rate Fee Four  | th Group  | \$               | 0.00                 |          |

|          | -                   |                       |         | TE FEES FOR EACH                     |         |                       |          |                                      |
|----------|---------------------|-----------------------|---------|--------------------------------------|---------|-----------------------|----------|--------------------------------------|
|          | лр<br><b>О</b>      | SUBSCRIBER GROU       | -SECOND | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | TY-FIRST | FOR<br>COMMUNITY/ AREA               |
| Comp     |                     |                       |         |                                      |         |                       |          |                                      |
| Base I   | DSE                 | CALL SIGN             | DSE     | CALL SIGN                            | DSE     | CALL SIGN             | DSE      | CALL SIGN                            |
| a        |                     |                       |         |                                      |         |                       |          |                                      |
| Sync     |                     |                       |         |                                      |         |                       |          |                                      |
| Excl     |                     |                       |         |                                      |         |                       |          |                                      |
| Surc     |                     |                       |         |                                      |         |                       |          |                                      |
| f<br>Par |                     | -                     |         |                                      |         |                       |          |                                      |
| Dis      |                     |                       |         |                                      |         |                       |          |                                      |
| Sta      |                     |                       |         |                                      |         | -                     |          |                                      |
|          |                     |                       |         |                                      |         |                       |          |                                      |
|          |                     |                       |         |                                      |         |                       |          |                                      |
|          |                     | -                     |         |                                      |         |                       |          |                                      |
|          |                     |                       |         |                                      |         |                       |          |                                      |
|          |                     |                       |         |                                      |         |                       |          |                                      |
|          | 0.00 0.00 0.00      |                       |         | Total DSEs                           | 0.00    |                       |          | otal DSEs                            |
|          |                     | \$                    | Group   | Gross Receipts Secon                 | 0.00    | \$                    | oup      | Gross Receipts First Gro             |
|          |                     |                       |         |                                      |         |                       |          |                                      |
|          |                     |                       |         |                                      |         |                       |          |                                      |
|          | 0.00                | \$                    | Group   | Base Rate Fee Secon                  | 0.00    | \$                    | oup      | ase Rate Fee First Gro               |
|          |                     | \$<br>SUBSCRIBER GROU | -       |                                      |         | \$<br>SUBSCRIBER GROU | -        |                                      |
|          |                     |                       | -       |                                      |         |                       | -        | FORT                                 |
|          | JP                  |                       | -       | FORT                                 | IP      |                       | -        | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>DMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>OMMUNITY/ AREA               |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT                                 |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | COMMUNITY/ AREA                      |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>COMMUNITY/ AREA              |
|          | JP<br>0             | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA              | IP<br>0 | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>COMMUNITY/ AREA<br>CALL SIGN |
|          | JP<br>0<br>DSE      | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA<br>CALL SIGN | DSE     | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>COMMUNITY/ AREA<br>CALL SIGN |
|          | JP<br>0<br>DSE<br>0 | SUBSCRIBER GROU       | -FOURTH | FORT<br>COMMUNITY/ AREA<br>CALL SIGN | DSE     | SUBSCRIBER GROU       | Y-THIRD  | FORT<br>COMMUNITY/ AREA              |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC.          |           | E SYSTEM:       |             |                       |            | <u> </u>         | SYSTEM ID#<br>006230 | Name             |
|--|-----------|-----------------|-------------|-----------------------|------------|------------------|----------------------|------------------|
| E  | BLOCK A:  |                 | BASE RA     | TE FEES FOR EAC       | H SUBSCR   | IBER GROUP       |                      |                  |
| FOF  | RTY-FIFTH | SUBSCRIBER GROU | JP          | FC                    | DRTY-SIXTH | I SUBSCRIBER GRO | UP                   | 9                |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       |            |                  | 0                    | -                |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE        | CALL SIGN        | DSE                  | Computatio<br>of |
| ONEE OIGH                                      | DOL       |                 | DOL         | O/ LE CICIN           | DOL        | O/ LEE OIGIN     | DOL                  | Base Rate F      |
|  |           |                 |             |                       |            |                  |                      | and              |
|  |           | -               |             |                       |            |                  |                      | Syndicate        |
|  |           | -               |             |                       |            |                  |                      | Exclusivit       |
|  |           |                 |             |                       |            |                  |                      | Surcharge        |
|  |           |                 |             |                       |            |                  |                      | for<br>Partially |
|  |           |                 |             |                       |            |                  |                      | Distant          |
|  |           |                 |             |                       |            |                  |                      | Stations         |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           | -               |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs            |            |                  | 0.00                 |                  |
| Gross Receipts First G                         | iroup     | \$              | 0.00        | Gross Receipts Seco   | nd Group   | \$               | 0.00                 |                  |
| <b>Base Rate Fee</b> First G                   | iroup     | \$              | 0.00        | Base Rate Fee Seco    | nd Group   | \$               | 0.00                 |                  |
| FORTY  | -SEVENTH  | SUBSCRIBER GROU | JP          | FOF                   | RTY-EIGHTH | I SUBSCRIBER GRO | UP                   |                  |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       |            |                  | 0                    |                  |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE        | CALL SIGN        | DSE                  |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           | -               |             |                       |            |                  |                      |                  |
|  |           | -               |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            | . <b> </b>       |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
|  |           |                 |             |                       |            |                  |                      |                  |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs            |            | 11               | 0.00                 |                  |
|  | 2         |                 |             |                       |            |                  |                      |                  |
| Gross Receipts Third (                         | sroup     | \$              | 0.00        | Gross Receipts Fourt  | n Group    | \$               | 0.00                 |                  |
| Base Rate Fee Third 0                          | Group     | \$              | 0.00        | Base Rate Fee Fourt   | h Group    | \$               | 0.00                 |                  |
| Base Rate Fee: Add the Enter here and in block |           |                 | riber group | as shown in the boxes | above.     | \$               |                      |                  |

| LEGAL NAME OF OWN                           |       | E SYSTEM:      |              |                       |          | S                                     | 9YSTEM ID#<br>006230 | Name                      |
|---|-------|----------------|--------------|-----------------------|----------|---------------------------------------|----------------------|---------------------------|
|   |       |                |              | TE FEES FOR EAC       |          |                                       |                      |                           |
|   |       | SUBSCRIBER GRO |              |                       |          | I SUBSCRIBER GROU                     |                      | 9                         |
| COMMUNITY/ AREA                             |       |                | 0            | COMMUNITY/ AREA       |          |                                       | 0                    | Computation               |
| CALL SIGN                                   | DSE   | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN                             | DSE                  | of                        |
|   |       | -              |              |                       |          |                                       |                      | Base Rate Fee             |
|   |       |                |              |                       |          |                                       |                      | and                       |
|   |       | -              |              |                       |          |                                       |                      | Syndicated<br>Exclusivity |
|   |       | -              |              |                       |          |                                       |                      | Surcharge                 |
|   |       |                |              |                       |          |                                       |                      | for                       |
|   |       |                |              |                       |          |                                       |                      | Partially                 |
|   |       |                |              |                       |          |                                       |                      | Distant<br>Stations       |
|   |       |                |              |                       |          |                                       |                      | Stations                  |
|   |       |                |              |                       |          |                                       |                      |                           |
|   |       | -              |              |                       |          | • <mark></mark>                       |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
| Total DSEs                                  |       |                | 0.00         | Total DSEs            |          |                                       | 0.00                 |                           |
| Gross Receipts First                        | Group | \$             | 0.00         | Gross Receipts Seco   | nd Group | \$                                    |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
| Base Rate Fee First                         |       | \$             | 0.00         | Base Rate Fee Seco    |          | \$                                    | 0.00                 |                           |
|   |       | SUBSCRIBER GRO |              | 1                     |          | SUBSCRIBER GROU                       |                      |                           |
| COMMUNITY/ AREA                             |       |                | 0            | COMMUNITY/ AREA       |          |                                       | 0                    |                           |
| CALL SIGN                                   | DSE   | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN                             | DSE                  |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
|   |       | -              |              |                       |          |                                       |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
|   |       | -              |              |                       |          |                                       |                      |                           |
|   |       | -              |              |                       |          |                                       |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
|   |       | -              |              |                       |          | • <mark>•</mark>                      |                      |                           |
|   |       | -              |              |                       |          |                                       |                      |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
| Total DSEs                                  |       | ·····          | 0.00         | Total DSEs            |          | · · · · · · · · · · · · · · · · · · · | 0.00                 |                           |
| Gross Receipts Third                        | Group | \$             | 0.00         | Gross Receipts Four   | th Group | \$                                    | 0.00                 |                           |
| Base Rate Fee Third                         | Group | \$             | 0.00         | Base Rate Fee Four    | th Group | \$                                    | 0.00                 |                           |
|   |       |                |              |                       |          |                                       |                      |                           |
| Base Rate Fee: Add<br>Enter here and in blo |       |                | criber group | as shown in the boxes | above.   | \$                                    |                      |                           |

| LEGAL NAME OF OWNE<br>CABLE ONE, INC. |            | E SYSTEM:             |             |                           |             | :                | SYSTEM ID#<br>006230 | Name                 |
|---------------------------------------|------------|-----------------------|-------------|---------------------------|-------------|------------------|----------------------|----------------------|
| B                                     | BLOCK A:   |                       | BASE RA     | TE FEES FOR EAC           | HSUBSCR     | IBER GROUP       |                      |                      |
| FIF                                   | TY-THIRD   | SUBSCRIBER GROU       | JP          | FIF                       | TY-FOURTH   | I SUBSCRIBER GRO | UP                   | 0                    |
| COMMUNITY/ AREA                       |            |                       | 0           | COMMUNITY/ AREA           | A           |                  | 0                    | 9                    |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE         | CALL SIGN                 | DSE         | CALL SIGN        | DSE                  | Computati<br>of      |
| CALL DIGIN                            | DOL        |                       | DOL         | CALL SIGN                 | DOL         | CALL SIGIN       | DOL                  | Base Rate F          |
|                                       |            |                       |             |                           |             |                  |                      | and                  |
|                                       |            |                       |             |                           |             |                  |                      | Syndicate            |
|                                       |            |                       |             |                           |             |                  |                      | Exclusivit           |
|                                       |            |                       |             |                           |             |                  |                      | Surcharg             |
|                                       |            |                       |             |                           |             |                  |                      | for<br>Doution       |
|                                       |            | -                     |             |                           |             |                  |                      | Partially<br>Distant |
|                                       |            |                       |             |                           |             |                  |                      | Stations             |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             | Ц                |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
| Total DSEs                            |            |                       | 0.00        | Total DSEs                |             |                  | 0.00                 |                      |
| Gross Receipts First G                | roup       | \$                    | 0.00        | Gross Receipts Seco       | ond Group   | \$               | 0.00                 |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
| Base Rate Fee First G                 | roup       | \$                    | 0.00        | Base Rate Fee Seco        | ond Group   | \$               | 0.00                 |                      |
| FIF                                   | TY-FIFTH   | SUBSCRIBER GROU       | JP          |                           | FIFTY-SIXTH | I SUBSCRIBER GRO | UP                   |                      |
| COMMUNITY/ AREA                       |            |                       | 0           | COMMUNITY/ AREA           | A           |                  | 0                    |                      |
| CALL SIGN                             | DSE        | CALL SIGN             | DSE         | CALL SIGN                 | DSE         | CALL SIGN        | DSE                  |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            | -                     |             |                           |             |                  |                      |                      |
|                                       |            | -                     |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            | -                     |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
|                                       |            |                       |             |                           |             |                  |                      |                      |
| Total DSEs                            |            |                       | 0.00        | Total DSEs                |             |                  | 0.00                 |                      |
| Gross Receipts Third G                | Froun      | ¢.                    | 0.00        | Gross Receipts Four       | th Group    | \$               | 0.00                 |                      |
| Cross Receipts mild e                 | Joup       | <u>\$</u>             | 0.00        |                           | aroioup     | <u>*</u>         | 0.00                 |                      |
| Base Rate Fee Third G                 | Group      | \$                    | 0.00        | Base Rate Fee Four        | th Group    | \$               | 0.00                 |                      |
| Base Rate Fee: Add th                 | e hase rat | e fees for each subsc | riber aroup | <br>as shown in the hoves | above       |                  |                      |                      |
| Enter here and in block               |            |                       | noei group  |                           | abuve.      | \$               |                      |                      |

| Name                 | VSTEM ID#<br>006230 | S               |          |                                     |         | E SYSTEM:       | R OF CABLI | LEGAL NAME OF OWNER<br>CABLE ONE, INC. |
|----------------------|---------------------|-----------------|----------|-------------------------------------|---------|-----------------|------------|--|
|                      |                     | BER GROUP       | SUBSCRI  | TE FEES FOR EACH                    | BASE RA | COMPUTATION O   | LOCK A:    | В                                      |
| 0                    | JP                  | SUBSCRIBER GROU | Y-EIGHTH | FIFT                                | JP      | SUBSCRIBER GROU | SEVENTH    | FIFTY-                                 |
| <b>9</b><br>Computat | 0                   |                 |          | COMMUNITY/ AREA                     | 0       |                 |            | COMMUNITY/ AREA                        |
| of                   | DSE                 | CALL SIGN       | DSE      | CALL SIGN                           | DSE     | CALL SIGN       | DSE        | CALL SIGN                              |
| Base Rate            |                     | -               |          |                                     |         | -               |            |  |
| and                  |                     |                 |          |                                     |         |                 |            |  |
| Syndicat             |                     |                 |          |                                     |         |                 |            |  |
| Exclusiv             |                     | -               |          |                                     |         | -               |            |  |
| Surchar              |                     |                 |          |                                     |         |                 |            |  |
| for<br>Partiall      |                     | -               |          |                                     |         | -               |            |  |
| Distan               |                     |                 |          |                                     |         |                 |            |  |
| Station              |                     | -               |          |                                     |         | -               |            |  |
|                      |                     | -               |          |                                     |         | -               |            |  |
|                      |                     |                 |          |                                     |         | -               |            |  |
|                      |                     |                 |          |                                     |         | -               |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      | 0.00                |                 |          |                                     |         |                 |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      |                     |                 |          | Total DSEs                          | 0.00    |                 |            | otal DSEs                              |
|                      |                     | \$              | l Group  | Gross Receipts Second               | 0.00    | \$              | roup       | Gross Receipts First Gr                |
|                      | 0.00                | \$              | l Group  | Base Rate Fee Second                | 0.00    | \$              | roup       | <b>Base Rate Fee</b> First Gr          |
|                      | JP                  | SUBSCRIBER GROU | SIXTIETH |                                     | JP      | SUBSCRIBER GRO  | TY-NINTH   | FIF                                    |
|                      | 0                   |                 |          | COMMUNITY/ AREA                     | 0       |                 |            | COMMUNITY/ AREA                        |
|                      | DSE                 | CALL SIGN       | DSE      | CALL SIGN                           | DSE     | CALL SIGN       | DSE        | CALL SIGN                              |
|                      |                     | -               |          |                                     |         | -               |            |  |
|                      |                     | -               |          |                                     |         |                 |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      |                     | -               |          |                                     |         | -               |            |  |
|                      |                     | -               |          |                                     |         | -               |            |  |
|                      |                     |                 |          |                                     |         | -               |            |  |
|                      |                     | _               |          |                                     |         | _               |            |  |
|                      |                     | -               |          |                                     |         | -               |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      |                     | -               |          |                                     |         | -               |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      |                     |                 |          |                                     |         |                 |            |  |
|                      | 0.00                |                 |          | Total DSEs                          | 0.00    |                 |            | otal DSEs                              |
|                      | 0.00                | <u> </u>        | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00    | \$              | iroup      | Total DSEs<br>Gross Receipts Third G   |

| EGAL NAME OF OWNE      |           | E STSTEM.      |                   |                    |           |                   | 3YSTEM ID#<br>006230 | Nan                             |
|------------------------|-----------|----------------|-------------------|--------------------|-----------|-------------------|----------------------|---------------------------------|
|                        |           |                |                   | TE FEES FOR EAG    |           |                   |                      |                                 |
|                        | XTY-FIRST | SUBSCRIBER GRO |                   | 11                 |           | D SUBSCRIBER GROU |                      | 9                               |
| COMMUNITY/ AREA        |           |                | 0 COMMUNITY/ AREA |                    | A         |                   | 0                    | Comput                          |
| CALL SIGN              | DSE       | CALL SIGN      | DSE               | CALL SIGN          | DSE       | CALL SIGN         | DSE                  | of                              |
|                        |           | -              |                   |                    |           |                   |                      | Base Rat                        |
|                        |           | -              |                   |                    |           |                   |                      | and                             |
|                        |           | -              |                   |                    |           |                   |                      | Syndica<br>Exclusi <sup>-</sup> |
|                        |           | -              |                   |                    |           |                   |                      | Surcha                          |
|                        |           |                |                   |                    |           |                   |                      | for                             |
|                        |           | -              |                   |                    |           |                   |                      | Partial                         |
|                        |           | -              |                   |                    |           |                   |                      | Distan                          |
|                        |           | -              |                   |                    |           |                   |                      | Statior                         |
|                        |           | -              |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   | 0.00                 |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
| otal DSEs              |           |                | 0.00              | Total DSEs         |           |                   |                      |                                 |
| Gross Receipts First G | Group     | \$             | 0.00              | Gross Receipts Sec | ond Group | \$                |                      |                                 |
| ase Rate Fee First G   | Group     | s              | 0.00              | Base Rate Fee Sec  | ond Group | \$                | 0.00                 |                                 |
|                        | -         |                |                   |                    |           |                   |                      |                                 |
|                        | (TY-THIRD | SUBSCRIBER GRO | <u>, 10</u>       | COMMUNITY/ ARE     |           | H SUBSCRIBER GROU | 0<br>0               |                                 |
| COMMUNITY/ AREA        |           |                | U                 | COMMUNITY ARE      | A         |                   | U                    |                                 |
| CALL SIGN              | DSE       | CALL SIGN      | DSE               | CALL SIGN          | DSE       | CALL SIGN         | DSE                  |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           | -              |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           | -              |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           | -              |                   |                    |           |                   |                      |                                 |
|                        |           | <b>[</b>       |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
| otal DSEs              |           |                | 0.00              | Total DSEs         |           |                   | 0.00                 |                                 |
| Gross Receipts Third   | Group     | \$             | 0.00              | Gross Receipts Fou | rth Group | \$                | 0.00                 |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |
| Base Rate Fee Third (  | Group     | \$             | 0.00              | Base Rate Fee Fou  | rth Group | \$                | 0.00                 |                                 |
|                        |           |                |                   | 11                 |           |                   |                      |                                 |
|                        |           |                |                   |                    |           |                   |                      |                                 |

|  |             |                       |             |                         |            |                | 006230         | Name                    |
|--|-------------|-----------------------|-------------|-------------------------|------------|----------------|----------------|-------------------------|
|  |             |                       |             | TE FEES FOR EACH        |            |                |                |                         |
|  | KTY-FIFTH   | SUBSCRIBER GROU       |             | 11                      |            | SUBSCRIBER GRO |                | 9                       |
| COMMUNITY/ AREA                                  |             |                       | 0           | COMMUNITY/ AREA         |            |                | 0              | <b>↓</b><br>Computati   |
| CALL SIGN  | DSE         | CALL SIGN             | DSE         | CALL SIGN               | DSE        | CALL SIGN      | DSE            | of                      |
|  |             |                       |             |                         |            |                |                | Base Rate I             |
|  |             |                       |             |                         |            |                |                | and                     |
|  |             | -                     |             |                         |            |                |                | Syndicate<br>Exclusivit |
|  |             |                       |             |                         |            |                |                | Surcharg                |
|  |             |                       |             |                         |            |                |                | for                     |
|  |             |                       |             |                         |            |                |                | Partially               |
|  |             |                       |             |                         |            |                |                | Distant<br>Stations     |
|  |             | -                     |             |                         |            |                |                | otations                |
|  |             |                       |             |                         |            |                |                |                         |
|  |             | -                     |             |                         |            | -              |                |                         |
|  |             |                       |             |                         |            |                |                |                         |
|  |             |                       |             |                         |            |                |                |                         |
| Fotal DSEs                                       |             |                       | 0.00        | Total DSEs              |            |                | 0.00           |                         |
|  |             |                       |             |                         |            |                | 0.00 0.00 0.00 |                         |
| Gross Receipts First G                           | roup        | \$                    | 0.00        | Gross Receipts Seco     | nd Group   | \$             |                |                         |
| Base Rate Fee First G                            | roup        | \$                    | 0.00        | Base Rate Fee Second    | nd Group   | \$             |                |                         |
| SIXTY-   | SEVENTH     | SUBSCRIBER GROU       | JP          | SIX                     | (TY-EIGHTH | SUBSCRIBER GRO | UP             |                         |
| COMMUNITY/ AREA                                  |             |                       | 0           | COMMUNITY/ AREA         |            |                | 0              |                         |
| CALL SIGN  | DSE         | CALL SIGN             | DSE         | CALL SIGN               | DSE        | CALL SIGN      | DSE            |                         |
|  |             |                       |             |                         |            | -              |                |                         |
|  |             | -                     |             |                         |            | -              |                |                         |
|  |             |                       |             |                         |            |                |                |                         |
|  |             | -                     |             |                         |            | -              |                |                         |
|  |             |                       |             |                         |            |                |                |                         |
|  |             | -                     |             |                         |            |                |                |                         |
|  |             | -                     |             |                         |            |                |                |                         |
|  |             |                       |             |                         |            | -              |                |                         |
|  |             |                       |             |                         |            | -              |                |                         |
|  |             |                       |             |                         |            |                |                |                         |
|  |             |                       |             |                         |            |                |                |                         |
|  |             |                       |             |                         |            |                |                |                         |
| Fotal DSEs                                       |             |                       | 0.00        | Total DSEs              |            |                | 0.00           |                         |
| Gross Receipts Third G                           | Group       | \$                    | 0.00        | Gross Receipts Fourt    | h Group    | \$             | 0.00           |                         |
|  |             |                       |             |                         |            |                | ]              |                         |
| Base Rate Fee Third C                            | Group       | \$                    | 0.00        | Base Rate Fee Fourt     | h Group    | \$             | 0.00           |                         |
|  |             |                       |             | 11                      |            |                |                |                         |
| Base Rate Fee: Add th<br>Enter here and in block | ne base rat | e fees for each subsc | riber group | as shown in the boxes a | above.     | ¢              |                |                         |

| Name                | O06230 | S               |          |                                     |         | E SYSTEM:       | R OF CABLI | LEGAL NAME OF OWNER<br>CABLE ONE, INC. |
|---------------------|--------|-----------------|----------|-------------------------------------|---------|-----------------|------------|--|
|                     |        | BER GROUP       | SUBSCRI  | TE FEES FOR EACH                    | BASE RA | COMPUTATION O   | LOCK A:    | В                                      |
| 9                   |        | SUBSCRIBER GROU | /ENTIETH |                                     |         | SUBSCRIBER GROU | TY-NINTH   |  |
| Comput:             | 0      |                 |          | COMMUNITY/ AREA                     | 0       |                 |            | COMMUNITY/ AREA                        |
| of                  | DSE    | CALL SIGN       | DSE      | CALL SIGN                           | DSE     | CALL SIGN       | DSE        | CALL SIGN                              |
| Base Rate           |        |                 |          |                                     |         | -               |            |  |
| and                 |        |                 |          |                                     |         |                 |            |  |
| Syndica<br>Exclusiv |        |                 |          |                                     |         | -               |            |  |
| Surcha              |        |                 |          |                                     |         |                 |            |  |
| for                 |        |                 |          |                                     |         | -               |            |  |
| Partial             |        |                 |          |                                     |         |                 |            |  |
| Distar              |        | -               |          |                                     |         | -               |            |  |
| Statior             |        | -               |          |                                     |         | -               |            |  |
|                     |        | -               |          |                                     |         | -               |            |  |
|                     |        |                 |          |                                     |         |                 |            |  |
|                     |        |                 |          |                                     |         | -               |            |  |
|                     |        |                 |          |                                     |         |                 |            |  |
|                     | 0.00   |                 |          |                                     |         |                 |            |  |
|                     |        |                 |          | Total DSEs                          | 0.00    |                 |            | otal DSEs                              |
|                     |        | \$              | Group    | Gross Receipts Second               | 0.00    | \$              | oup        | Bross Receipts First Gr                |
|                     |        |                 |          |                                     |         |                 |            |  |
|                     | 0.00   | \$              | -        | Base Rate Fee Second                | 0.00    | \$              |            | Base Rate Fee First Gr                 |
|                     |        | SUBSCRIBER GROU | -SECOND  |                                     |         | SUBSCRIBER GROU | TY-FIRST   |  |
|                     | 0      |                 |          | COMMUNITY/ AREA                     | 0       |                 |            | OMMUNITY/ AREA                         |
|                     | DSE    | CALL SIGN       | DSE      | CALL SIGN                           | DSE     | CALL SIGN       | DSE        | CALL SIGN                              |
|                     |        | -               |          |                                     |         | -               |            |  |
|                     |        | -               |          |                                     |         | -               |            |  |
|                     |        |                 |          |                                     |         | -               |            |  |
|                     |        |                 |          |                                     |         | -               |            |  |
|                     |        | -               |          |                                     |         | -               |            |  |
|                     |        | -               |          |                                     |         | -               |            |  |
|                     |        | -               |          |                                     |         | -               |            |  |
|                     |        |                 |          |                                     |         | -               |            |  |
|                     |        |                 |          |                                     |         |                 |            |  |
|                     |        |                 |          |                                     |         | -               |            |  |
|                     |        |                 |          |                                     |         |                 |            |  |
|                     |        |                 |          |                                     |         |                 |            |  |
|                     |        |                 |          |                                     |         |                 |            |  |
|                     | 0.00   |                 |          | Total DSEs                          | 0.00    |                 |            | otal DSEs                              |
|                     | 0.00   | <u> </u>        | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00    | <u></u>         | roup       | otal DSEs<br>Gross Receipts Third G    |

|                       | 006230 |                 |          |                                     |      | E SYSTEM:       | K OF CABLE | LEGAL NAME OF OWNER<br>CABLE ONE, INC. |
|-----------------------|--------|-----------------|----------|-------------------------------------|------|-----------------|------------|--|
|                       |        |                 |          | TE FEES FOR EACH                    |      |                 |            |  |
| 9                     |        | SUBSCRIBER GROU | -FOURTH  |                                     |      | SUBSCRIBER GROU | Y-THIRD    |  |
| Computat              | 0      |                 |          | COMMUNITY/ AREA                     | 0    |                 |            | COMMUNITY/ AREA                        |
| of                    | DSE    | CALL SIGN       | DSE      | CALL SIGN                           | DSE  | CALL SIGN       | DSE        | CALL SIGN                              |
| Base Rate             |        |                 |          |                                     |      |                 |            |  |
| and                   |        |                 |          |                                     |      |                 |            |  |
| Syndicat              |        |                 |          |                                     |      |                 |            |  |
| Exclusivi<br>Surcharg |        |                 |          |                                     |      |                 |            |  |
| for                   |        |                 |          |                                     |      |                 |            |  |
| Partially             |        |                 |          |                                     |      |                 |            |  |
| Distant               |        |                 |          |                                     |      |                 |            |  |
| Stations              |        |                 |          |                                     |      | -               |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       | 0.00   |                 |          | Total DSEs                          | 0.00 |                 |            | Fotal DSEs                             |
|                       |        | \$              | Group    | Gross Receipts Second               | 0.00 | \$              | oup        | Gross Receipts First Gro               |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       | 0.00   | \$              | Group    | Base Rate Fee Second                | 0.00 | \$              | oup        | Base Rate Fee First Gro                |
|                       | JP     | SUBSCRIBER GROU | TY-SIXTH | SEVEN                               | IP   | SUBSCRIBER GROU | TY-FIFTH   | SEVEN                                  |
|                       | 0      |                 |          | COMMUNITY/ AREA                     | 0    |                 |            | COMMUNITY/ AREA                        |
|                       | DSE    | CALL SIGN       | DSE      | CALL SIGN                           | DSE  | CALL SIGN       | DSE        | CALL SIGN                              |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        | _               |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      | -               |            |  |
|                       |        |                 |          |                                     |      | -               |            |  |
|                       |        |                 |          |                                     |      | -               |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        | _               |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       |        |                 |          |                                     |      |                 | 1          |  |
|                       |        |                 |          |                                     |      |                 |            |  |
|                       | 0.00   |                 |          | Total DSEs                          | 0.00 |                 |            | Total DSEs                             |
|                       | 0.00   |                 | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00 |                 | roup       | Fotal DSEs<br>Gross Receipts Third Gr  |
|                       |        | s               | Group    |                                     |      |                 | roup       |  |

| SEVENTY-SEVENTH  |                 |                          | COMMUNITY/ AREA<br>CALL SIGN<br>CALL SIGN<br>Total DSEs<br>Gross Receipts Second | <u>Z-EIGHTH</u> | BER GROUP<br>SUBSCRIBER GROU | P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
|--|-----------------|--------------------------|--|-----------------|------------------------------|---|
| COMMUNITY/ AREA  | CALL SIGN       | 0<br>DSE<br>0.00<br>0.00 | COMMUNITY/ AREA<br>CALL SIGN<br>CALL SIGN<br>Total DSEs<br>Gross Receipts Second | DSE             |                              | 0<br>DSE                                |
| CALL SIGN DSE CALL SIGN DSE Control DSE Control DSEs Coross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH | S               | DSE                      | CALL SIGN CALL SIGN Total DSEs Gross Receipts Second                             |                 |                              | DSE                                     |
| CALL SIGN DSE CALL SIGN DSE DSE Strate Fee First Group SEVENTY-NINTH   | S               | 0.00                     | CALL SIGN  |                 |                              | DSE                                     |
| Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | S                            |   |
| Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | S                            |   |
| Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | S                            |   |
| Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | <pre></pre>                  |   |
| Gross Receipts First Group Gase Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | S                            |   |
| Gross Receipts First Group Gase Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | S                            |   |
| Gross Receipts First Group<br>Base Rate Fee First Group<br>SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | S                            |   |
| Gross Receipts First Group<br>Base Rate Fee First Group<br>SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           |                              |   |
| Gross Receipts First Group<br>Base Rate Fee First Group<br>SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           |                              |   |
| Gross Receipts First Group Gase Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | <br>                         |   |
| Gross Receipts First Group<br>Base Rate Fee First Group<br>SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | \$                           |   |
| Gross Receipts First Group Gase Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | \$                           |   |
| Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | \$                           |   |
| Gross Receipts First Group Gase Rate Fee First Group SEVENTY-NINTH   |                 | 0.00                     | Gross Receipts Second  | Group           | \$                           |   |
| Base Rate Fee First Group<br>SEVENTY-NINTH   |                 |                          |  | Group           | \$                           | 0.00                                    |
| SEVENTY-NINTH  | \$              | 0 00                     |  |                 |                              |   |
| SEVENTY-NINTH  | \$              | 0 00                     |  |                 |                              |   |
|  |                 | 0.00                     | Base Rate Fee Second   | Group           | \$                           | 0.00                                    |
| COMMUNITY/ AREA  | SUBSCRIBER GROU | JP                       | El   | GHTIETH         | SUBSCRIBER GROU              | Р                                       |
|  |                 | 0                        | COMMUNITY/ AREA  |                 |                              | 0                                       |
| CALL SIGN DSE  | CALL SIGN       | DSE                      | CALL SIGN  | DSE             | CALL SIGN                    | DSE                                     |
|  | -               |                          |  |                 | -                            |   |
|  | -               |                          |  |                 | -                            |   |
|  |                 |                          |  |                 |                              |   |
|  |                 |                          |  |                 |                              |   |
|  |                 |                          |  |                 |                              |   |
|  |                 |                          |  |                 |                              |   |
|  | -               |                          |  |                 | -                            |   |
|  |                 |                          |  |                 |                              |   |
|  |                 |                          |  |                 |                              |   |
|  |                 |                          |  |                 |                              |   |
|  |                 |                          |  |                 |                              |   |
|  |                 |                          |  |                 |                              |   |
| Fotal DSEs   |                 | 0.00                     | Total DSEs   |                 |                              | 0.00                                    |
| Gross Receipts Third Group   | \$              | 0.00                     | Gross Receipts Fourth G  | Group           | \$                           | 0.00                                    |
|  |                 |                          |  |                 |                              |   |
| Base Rate Fee Third Group  | \$              | 0.00                     | Base Rate Fee Fourth G   | Group           | \$                           | 0.00                                    |
| <b></b>  |                 |                          |  |                 |                              |   |

|            |                |                       |          | TE FEES FOR EACH                       |                       |                       |          |  |
|------------|----------------|-----------------------|----------|--|-----------------------|-----------------------|----------|--|
|            | IP<br>0        | SUBSCRIBER GROU       | -SECOND  | EIGHTY<br>COMMUNITY/ AREA              | P 0                   | SUBSCRIBER GROU       | IY-FIRST | EIGH <sup>-</sup><br>COMMUNITY/ AREA                             |
| Com        | V              |                       |          | COMMONIT I/ AREA                       | U                     |                       |          |  |
|            | DSE            | CALL SIGN             | DSE      | CALL SIGN                              | DSE                   | CALL SIGN             | DSE      | CALL SIGN  |
| Base       |                |                       |          |  |                       | -                     |          |  |
| a<br>Syn   |                |                       |          |  |                       |                       |          |  |
| Excl       |                | -                     |          |  |                       | -                     |          |  |
| Sur        |                |                       |          |  |                       |                       |          |  |
| - 1        |                |                       |          |  |                       |                       |          |  |
| Par<br>Dis |                |                       |          |  |                       |                       |          |  |
| Sta        |                |                       |          |  |                       | -                     |          |  |
|            |                |                       |          |  |                       |                       |          |  |
|            |                |                       |          |  |                       | -                     |          |  |
|            |                |                       |          |  |                       | -                     |          |  |
|            |                |                       |          |  |                       |                       |          |  |
|            |                |                       |          |  |                       |                       |          |  |
|            | 0.00 0.00 0.00 |                       |          | Total DSEs                             | 0.00                  |                       |          | otal DSEs  |
|            |                | \$                    | Group    | Gross Receipts Second                  | 0.00                  | \$                    | pup      | Gross Receipts First Gro   |
|            |                |                       |          |  |                       |                       |          |  |
|            |                |                       |          |  |                       |                       | ·        |  |
|            | 0.00           | \$                    | l Group  | Base Rate Fee Second                   | 0.00                  | \$                    | -        |  |
|            | IP             | \$<br>SUBSCRIBER GROU | -        | EIGHT                                  | P                     | \$<br>SUBSCRIBER GROU | oup      | ase Rate Fee First Gro<br>EIGHT                                  |
|            |                |                       | -        |  |                       |                       | oup      | ase Rate Fee First Gro   |
|            | IP             |                       | -        | EIGHT                                  | P                     |                       | oup      | ase Rate Fee First Gro<br>EIGHT<br>OMMUNITY/ AREA                |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | ase Rate Fee First Gro<br>EIGHT<br>OMMUNITY/ AREA                |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | ase Rate Fee First Gro<br>EIGHT<br>OMMUNITY/ AREA                |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | ase Rate Fee First Gro<br>EIGHT<br>OMMUNITY/ AREA                |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | ase Rate Fee First Gro<br>EIGHT<br>OMMUNITY/ AREA                |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | ase Rate Fee First Gro<br>EIGHT                                  |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA              |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA              |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA              |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA              |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA              |
|            | IP<br>0        | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA               | P<br>0                | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA              |
|            | JP<br>0<br>DSE | SUBSCRIBER GROU       | -FOURTH  | EIGHT<br>COMMUNITY/ AREA<br>CALL SIGN  | P<br>0<br>DSE         | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA<br>CALL SIGN |
|            | JP<br>0<br>DSE | SUBSCRIBER GROU       | /-FOURTH | EIGHTY<br>COMMUNITY/ AREA<br>CALL SIGN | P<br>0<br>DSE<br>0.00 | SUBSCRIBER GROU       | oup      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA<br>CALL SIGN |
|            | JP<br>0<br>DSE | SUBSCRIBER GROU       | /-FOURTH | EIGHT<br>COMMUNITY/ AREA<br>CALL SIGN  | P<br>0<br>DSE         | SUBSCRIBER GROU       | DSE      | Base Rate Fee First Gro<br>EIGHT<br>COMMUNITY/ AREA              |

|                     | 006230            | S               |           |                       |                   | E SYSTEM:                        | R OF CABLI | LEGAL NAME OF OWNER<br>CABLE ONE, INC. |  |  |  |
|---------------------|-------------------|-----------------|-----------|-----------------------|-------------------|----------------------------------|------------|--|--|--|--|
|                     |                   | BER GROUP       | SUBSCRI   | TE FEES FOR EACH      | BASE RA           | COMPUTATION OF                   | LOCK A:    | В                                      |  |  |  |
| 0                   | JP                | SUBSCRIBER GROU | ITY-SIXTH | EIGH                  | IP                | EIGHTY-FIFTH SUBSCRIBER GROUP    |            |  |  |  |  |
| <b>9</b><br>Computa | 0                 |                 |           |                       |                   | COMMUNITY/ AREA 0                |            |  |  |  |  |
| of                  | DSE               | CALL SIGN       | DSE       | CALL SIGN             | DSE               | CALL SIGN                        | DSE        | CALL SIGN                              |  |  |  |
| Base Rate           |                   | -               |           |                       |                   | -                                |            |  |  |  |  |
| and                 |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
| Syndica             |                   | -               |           |                       |                   | -                                |            |  |  |  |  |
| Exclusiv            |                   |                 |           |                       |                   | -                                |            |  |  |  |  |
| Surchar<br>for      |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
| Partial             |                   | -               |           |                       |                   | -                                |            |  |  |  |  |
| Distar              |                   |                 |           |                       |                   | -                                |            |  |  |  |  |
| Station             |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   | -               |           |                       |                   | -                                |            |  |  |  |  |
|                     |                   | -               |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     | 0.00              |                 |           | Total DSEs            | 0.00              | 1                                | 11         | otal DSEs                              |  |  |  |
|                     | 0.00              | \$              | Group     | Gross Receipts Second | 0.00              |                                  |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     | 0.00              | \$              | Group     | Base Rate Fee Second  | 0.00              | ase Rate Fee First Group \$ 0.00 |            |  |  |  |  |
|                     | JP                | SUBSCRIBER GROU | Y-EIGHTH  | EIGHT                 | IP                | SUBSCRIBER GROU                  | SEVENTH    | EIGHTY-S                               |  |  |  |
|                     | COMMUNITY/ AREA 0 |                 |           |                       | COMMUNITY/ AREA 0 |                                  |            |  |  |  |  |
|                     | DSE               | CALL SIGN       | DSE       | CALL SIGN             | DSE               | CALL SIGN                        | DSE        | CALL SIGN                              |  |  |  |
|                     |                   | -               |           |                       |                   | -                                |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   | -               |           |                       |                   | -                                |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   | -               |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   | -               |           |                       |                   | -                                |            |  |  |  |  |
|                     |                   |                 |           |                       |                   | -                                |            |  |  |  |  |
|                     |                   |                 |           |                       |                   | -                                |            |  |  |  |  |
|                     |                   |                 |           |                       |                   | Ţ                                |            |  |  |  |  |
|                     |                   |                 |           |                       |                   |                                  |            |  |  |  |  |
|                     |                   |                 |           | Total DSEs            | 0.00              |                                  |            | otal DSEs                              |  |  |  |
|                     | 0.00              |                 |           | 11                    |                   |                                  |            |  |  |  |  |
|                     |                   | <u></u>         | Group     | Gross Receipts Fourth | 0 00              | ¢                                | roup       | Gross Receipte Third C                 |  |  |  |
|                     | 0.00              | \$              | Group     | Gross Receipts Fourth | 0.00              | \$                               | roup       | Gross Receipts Third G                 |  |  |  |

| LEGAL NAME OF OW<br>CABLE ONE, IN                                |                                    | E SYSTEM:      |                     |                             |           | S               | 9YSTEM ID#<br>006230 | Name                     |  |  |
|--|------------------------------------|----------------|---------------------|-----------------------------|-----------|-----------------|----------------------|--------------------------|--|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |                                    |                |                     |                             |           |                 |                      |                          |  |  |
|  |                                    | SUBSCRIBER GRC |                     | NINTIETH SUBSCRIBER GROUP   |           |                 |                      | 9                        |  |  |
| COMMUNITY/ ARE   | 4                                  |                | 0                   | COMMUNITY/ AREA 0           |           |                 |                      | Computation              |  |  |
| CALL SIGN  | DSE                                | CALL SIGN      | DSE                 | CALL SIGN DSE CALL SIGN D   |           |                 | DSE                  | of                       |  |  |
|  |                                    |                |                     |                             |           |                 |                      | Base Rate Fee            |  |  |
|  |                                    | -              |                     |                             |           |                 |                      | and                      |  |  |
|  |                                    |                |                     |                             |           |                 |                      | Syndicated               |  |  |
|  |                                    | -              |                     |                             |           |                 |                      | Exclusivity<br>Surcharge |  |  |
|  |                                    | -              |                     |                             |           |                 |                      | for                      |  |  |
|  |                                    |                |                     |                             |           |                 |                      | Partially                |  |  |
|  |                                    | -              |                     |                             |           |                 |                      | Distant                  |  |  |
|  |                                    |                |                     |                             |           |                 | ·····                | Stations                 |  |  |
|  |                                    |                |                     |                             |           |                 |                      |                          |  |  |
|  |                                    | -              |                     |                             |           |                 |                      |                          |  |  |
|  |                                    |                |                     |                             |           |                 |                      |                          |  |  |
|  |                                    |                |                     |                             |           |                 |                      |                          |  |  |
|  |                                    |                |                     |                             |           |                 |                      |                          |  |  |
| Total DSEs   |                                    |                | 0.00                | Total DSEs                  |           |                 | 0.00                 |                          |  |  |
| Gross Receipts First   | Gross Receipts First Group \$ 0.00 |                |                     |                             | ond Group | \$              | 0.00                 |                          |  |  |
| Base Rate Fee First  | Group                              | \$             | 0.00                | Base Rate Fee Seco          | ond Group | \$              | 0.00                 |                          |  |  |
| NI   | NETY-FIRST                         | SUBSCRIBER GRC | UP                  | NINE                        | TY-SECONE | SUBSCRIBER GROU | JP                   |                          |  |  |
| COMMUNITY/ AREA  | A                                  |                | 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 \$ 0.0                                |                                    | 0.00           | Gross Receipts Four | th Group                    | \$        | 0.00            |                      |                          |  |  |
| Base Rate Fee Third Group \$                                     |                                    | \$             | 0.00                | Base Rate Fee Four          | th Group  | \$              | 0.00                 |                          |  |  |
| Base Rate Fee: Add<br>Enter here and in blo                      |                                    |                | criber group        | II<br>as shown in the boxes | above.    | \$              |                      |                          |  |  |

|                     | 006230  |                 |           |                                     |         | E SYSTEM:       | R OF CABLE | CABLE ONE, INC.                       |
|---------------------|---------|-----------------|-----------|-------------------------------------|---------|-----------------|------------|---------------------------------------|
|                     |         |                 |           | TE FEES FOR EACH                    |         |                 |            |                                       |
| 9                   | JP<br>0 | SUBSCRIBER GROU | -FOURTH   | NINET                               | IP<br>0 | SUBSCRIBER GROU | ry-third   | NINE                                  |
| Computa             |         |                 |           |                                     | U       |                 |            |                                       |
| of                  | DSE     | CALL SIGN       | DSE       | CALL SIGN                           | DSE     | CALL SIGN       | DSE        | CALL SIGN                             |
| Base Rate           |         |                 |           |                                     |         |                 |            |                                       |
| and                 |         | -               |           |                                     |         |                 |            |                                       |
| Syndica<br>Exclusiv |         | -               |           |                                     |         |                 |            |                                       |
| Surchar             |         |                 |           |                                     |         |                 |            |                                       |
| for                 |         |                 |           |                                     |         | -               |            |                                       |
| Partial             |         |                 |           |                                     |         |                 |            |                                       |
| Distan<br>Statior   |         | -               |           |                                     |         |                 |            |                                       |
| Station             |         | -               |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         | -               |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     | 0.00    |                 |           | Total DSEs                          | 0.00    |                 |            | Total DSEs                            |
|                     | 0.00    | \$              | l Group   | Gross Receipts Secon                | 0.00    | \$              | oup        | Bross Receipts First Gr               |
|                     | 0.00    | \$              | l Group   | Base Rate Fee Secon                 | 0.00    | \$              | oup        | <b>Base Rate Fee</b> First Gr         |
|                     |         |                 |           | NUN                                 |         |                 |            |                                       |
|                     | JP<br>0 | SUBSCRIBER GROU | ETT-SIXTH | COMMUNITY/ AREA                     | 0<br>19 | SUBSCRIBER GROU |            | OMMUNITY/ AREA                        |
|                     | •       |                 |           |                                     | Ŭ       |                 |            |                                       |
|                     | DSE     | CALL SIGN       | DSE       | CALL SIGN                           | DSE     | CALL SIGN       | DSE        | CALL SIGN                             |
|                     |         | -               |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     | •••••   |                 |           |                                     |         |                 |            |                                       |
|                     |         | _               |           |                                     |         |                 |            |                                       |
|                     |         | -<br>-<br>-     |           |                                     |         |                 |            |                                       |
|                     |         | -               |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     |         |                 |           |                                     |         |                 |            |                                       |
|                     | 0.00    |                 |           | Total DSEs                          | 0.00    |                 |            |                                       |
|                     | 0.00    | S               | Group     | Total DSEs<br>Gross Receipts Fourth | 0.00    | s               | roup       |                                       |
|                     |         | S               | Group     |                                     |         | s               | roup       | Fotal DSEs<br>Gross Receipts Third Gi |

|                | 006230  |                 |          |                                     |         |                 |          |   |
|----------------|---------|-----------------|----------|-------------------------------------|---------|-----------------|----------|---|
|                |         |                 |          | TE FEES FOR EACH                    |         |                 |          |   |
| 9              | JP<br>0 | SUBSCRIBER GROU | Y-EIGHTH | NINE<br>COMMUNITY/ AREA             | IP<br>0 | SUBSCRIBER GROU | SEVENTH  | NINETY-S  |
| Computa<br>of  | DSE     | CALL SIGN       | DSE      | CALL SIGN                           | DSE     | CALL SIGN       | DSE      | CALL SIGN   |
| Base Rate      | DOL     |                 | DOL      |                                     | DOL     |                 | DOL      |   |
| and            |         |                 |          |                                     |         |                 |          |   |
| Syndicat       |         | -               |          |                                     |         |                 |          |   |
| Exclusiv       |         |                 |          |                                     |         |                 |          |   |
| Surchar<br>for |         |                 |          |                                     |         |                 |          |   |
| Partiall       |         |                 |          |                                     |         |                 |          |   |
| Distan         |         | -               |          |                                     |         | -               |          |   |
| Station        |         | _               |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         | _               |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                | 0.00    |                 |          | Total DSEs                          | 0.00    |                 |          | otal DSEs   |
|                | 0.00    | \$              | l Group  | Gross Receipts Secon                | 0.00    | \$              | oup      | Bross Receipts First Gro                          |
|                | 0.00    | \$              | d Group  | Base Rate Fee Secon                 | 0.00    | \$              | oup      | ase Rate Fee First Gr                             |
|                |         |                 | -        |                                     |         |                 | -        |   |
|                |         | SUBSCRIBER GROU | NDREDTH  |                                     |         | SUBSCRIBER GROU | IY-NINIH |   |
|                | 0       |                 |          | COMMUNITY/ AREA                     | 0       |                 |          | COMMUNITY/ AREA                                   |
|                | DSE     | CALL SIGN       | DSE      | CALL SIGN                           | DSE     | CALL SIGN       | DSE      | CALL SIGN   |
|                |         | _               |          |                                     |         |                 |          |   |
|                | ••••    | -               |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         | -               |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         | -               |          |                                     |         | -               |          |   |
|                |         | -               |          |                                     |         |                 |          |   |
|                |         | -               |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                |         |                 |          |                                     |         |                 |          |   |
|                | 0.00    |                 |          | Total DSEs                          | 0.00    |                 |          | otal DSEs   |
|                | 0.00    | s               | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00    | s               | roup     | <sup>-</sup> otal DSEs<br>Gross Receipts Third Gi |

| ND SUBSCRIBER GROUP       0         0       0         CALL SIGN       DSE         Base Rate Finand       and         Syndicated       Exclusivity         Sucharge       for         Partially       Distant         Stations       Stations  | CABLE ONE, INC.            | E SYSTEM:       |         |                         |        | S               | YSTEM ID#<br>006230 | Name       |
|---|----------------------------|-----------------|---------|-------------------------|--------|-----------------|---------------------|------------|
| 0     9       CALL SIGN     DSE       And     Syndicated       Syndicated     Exclusivity       Surcharge     for       Partially     Distant       Stations     Stations   | BLOCK A:                   | COMPUTATION OF  | BASE RA | ATE FEES FOR EACH S     | SUBSCR | IBER GROUP      |                     |            |
| CALL SIGN       DSE         CALL SIGN       DSE         and       Syndicated         and       Syndicated         Exclusivity       Surcharge         for       Partially         Distant       Stations         and       Stations         and       Syndicated         Exclusivity       Surcharge         for       Partially         Distant       Stations         S       0.00         \$       0.00         S       0.00         CALL SIGN       DSE         CALL SIGN       DSE         And       And         And       And | ONE HUNDRED FIRST          | SUBSCRIBER GROU |         | 1                       | SECOND | SUBSCRIBER GROU |                     | ٥          |
| Base Rate Fe<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>s<br>0.00<br>s<br>0.00<br>s<br>0.00<br>s<br>0.00<br>s<br>CALL SIGN DSE  | COMMUNITY/ AREA            |                 | 0       | COMMUNITY/ AREA         |        |                 | 0                   | Computatio |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>s<br>0.00<br>s<br>0.00<br>s<br>0.00<br>s<br>0.00<br>s<br>CALL SIGN DSE  | CALL SIGN DSE              | CALL SIGN       | DSE     | CALL SIGN               | DSE    | CALL SIGN       | DSE                 |            |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations   |                            |                 |         |                         |        |                 |                     |            |
| Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations   |                            | -               |         |                         |        |                 |                     |            |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations  |                            |                 |         |                         |        |                 |                     |            |
| for<br>Partially<br>Distant<br>Stations   |                            |                 |         |                         |        |                 |                     | -          |
| Distant<br>Stations   |                            | -               |         |                         |        |                 |                     |            |
| Stations  |                            |                 |         |                         |        |                 |                     | Partially  |
| 0.00<br>s 0.00<br>s 0.00<br>s 0.00<br>TH SUBSCRIBER GROUP 0<br>CALL SIGN DSE  |                            | _               |         |                         |        |                 |                     | Distant    |
| s 0.00<br>s 0.00<br>TH SUBSCRIBER GROUP<br>0<br>CALL SIGN DSE   |                            |                 |         |                         |        |                 |                     | Stations   |
| s 0.00<br>s 0.00<br>TH SUBSCRIBER GROUP<br>0<br>CALL SIGN DSE   |                            |                 |         |                         |        |                 |                     |            |
| s 0.00<br>s 0.00<br>TH SUBSCRIBER GROUP<br>0<br>CALL SIGN DSE   |                            |                 |         |                         |        |                 |                     |            |
| s 0.00<br>s 0.00<br>TH SUBSCRIBER GROUP<br>0<br>CALL SIGN DSE   |                            | -               |         |                         |        |                 |                     |            |
| s 0.00<br>s 0.00<br>TH SUBSCRIBER GROUP<br>0<br>CALL SIGN DSE   |                            |                 |         |                         |        |                 |                     |            |
| s 0.00<br>s 0.00<br>TH SUBSCRIBER GROUP<br>0<br>CALL SIGN DSE   |                            |                 |         |                         |        |                 |                     |            |
| \$ 0.00 TH SUBSCRIBER GROUP 0 CALL SIGN DSE   | Total DSEs                 | 11              | 0.00    | Total DSEs              |        | 11              | 0.00                |            |
| TH SUBSCRIBER GROUP   | Gross Receipts First Group | \$              | 0.00    | Gross Receipts Second   | Group  | \$              | 0.00                |            |
| TH SUBSCRIBER GROUP   |                            |                 |         |                         |        |                 |                     |            |
| 0 CALL SIGN DSE   | Base Rate Fee First Group  | \$              | 0.00    | Base Rate Fee Second    | Group  | \$              | 0.00                |            |
| CALL SIGN DSE   | ONE HUNDRED THIRD          | SUBSCRIBER GROU | IP      | ONE HUNDRED             | FOURTH | SUBSCRIBER GROU | IP                  |            |
|   | COMMUNITY/ AREA            |                 | 0       | COMMUNITY/ AREA         |        |                 | 0                   |            |
|   | CALL SIGN DSE              | CALL SIGN       | DSE     | CALL SIGN               | DSE    | CALL SIGN       | DSE                 |            |
|   |                            |                 |         |                         |        |                 |                     |            |
|   |                            | -               |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            | -               |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            | -               |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
| 0.00  |                            |                 |         |                         |        |                 |                     |            |
|   | Total DSEs                 |                 | 0.00    | Total DSEs              |        |                 | 0.00                |            |
| \$ 0.00   | Gross Receipts Third Group | \$              | 0.00    | Gross Receipts Fourth G | Group  | \$              | 0.00                |            |
|   |                            |                 |         |                         | •      |                 |                     |            |
| \$ 0.00   |                            |                 | 0.00    | Base Rate Fee Fourth 0  |        |                 |                     |            |

|                    | 006230 | S              |                                     |                     |           |                | •         | CABLE ONE, INC.        |
|--------------------|--------|----------------|-------------------------------------|---------------------|-----------|----------------|-----------|------------------------|
|                    |        | BER GROUP      | I SUBSCR                            | TE FEES FOR EAC     | F BASE RA | COMPUTATION (  | BLOCK A:  | E                      |
| 9                  |        | SUBSCRIBER GRO | RED SIXTH                           |                     |           | SUBSCRIBER GRO | RED FIFTH |                        |
| Comput             | 0      |                |                                     | COMMUNITY/ AREA     | 0         |                |           | COMMUNITY/ AREA        |
| of                 | DSE    | CALL SIGN      | DSE                                 | CALL SIGN           | DSE       | CALL SIGN      | DSE       | CALL SIGN              |
| Base Rat           |        |                |                                     |                     |           | -              |           |                        |
| and                |        |                |                                     |                     |           |                |           |                        |
| Syndica<br>Exclusi |        | -              | <mark></mark>                       |                     |           | -              |           |                        |
| Surcha             |        |                |                                     |                     |           | -              |           |                        |
| for                |        | =              |                                     |                     |           |                |           |                        |
| Partial            |        |                |                                     |                     |           |                |           |                        |
| Distar<br>Statio   |        |                |                                     |                     |           |                |           |                        |
| otation            |        | -              |                                     |                     |           | -              |           |                        |
|                    |        |                |                                     |                     |           |                |           |                        |
|                    |        | -              |                                     |                     |           | -              |           |                        |
|                    |        |                |                                     |                     |           |                |           |                        |
|                    |        |                |                                     |                     |           |                |           |                        |
|                    | 0.00   |                |                                     | Total DSEs          | 0.00      |                |           | Total DSEs             |
|                    | 0.00   | \$             | d Group                             | Gross Receipts Seco | 0.00      | \$             | Group     | Gross Receipts First G |
|                    |        |                |                                     |                     |           |                |           |                        |
|                    | 0.00   | \$             |                                     | Base Rate Fee Seco  | 0.00      | \$             | -         | Base Rate Fee First G  |
|                    |        | SUBSCRIBER GRO | ONE HUNDRED EIGHTH SUBSCRIBER GROUP |                     |           |                |           | ONE HUNDRED            |
|                    |        |                |                                     |                     |           |                |           | COMMUNITY/ AREA        |
|                    | 0      |                |                                     | COMMUNITY/ AREA     | 0         |                |           |                        |
|                    | DSE    | CALL SIGN      | DSE                                 |                     | DSE       | CALL SIGN      | DSE       | CALL SIGN              |
|                    |        | CALL SIGN      | 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      | 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       |                        |
|                    | DSE    | S              |                                     | CALL SIGN           |           | S              |           | CALL SIGN              |

|                        | 006230 |                 |          |                       |         | E SYSTEM:       | R OF CABLE | LEGAL NAME OF OWNER<br>CABLE ONE, INC. |
|------------------------|--------|-----------------|----------|-----------------------|---------|-----------------|------------|--|
| 4                      |        | BER GROUP       | SUBSCRI  | TE FEES FOR EACH      | BASE RA |                 | LOCK A:    | В                                      |
|                        | JP     | SUBSCRIBER GROU | ED TENTH |                       | IP      | SUBSCRIBER GROU | ED NINTH   | ONE HUNDRE                             |
| <b>9</b><br>Computatio | 0      |                 |          | COMMUNITY/ AREA       | 0       |                 |            | COMMUNITY/ AREA                        |
| of                     | DSE    | CALL SIGN       | DSE      | CALL SIGN             | DSE     | CALL SIGN       | DSE        | CALL SIGN                              |
| Base Rate F            |        | -               |          |                       |         | -               |            |  |
| and                    |        |                 |          |                       |         |                 |            |  |
| Syndicated             |        | -               |          |                       |         |                 |            |  |
| Exclusivity            |        | -               |          |                       |         |                 |            |  |
| Surcharge<br>for       |        | -               |          |                       |         | -               |            |  |
| Partially              |        | -               |          |                       |         | -               |            |  |
| Distant                |        |                 |          |                       |         |                 |            |  |
| Stations               |        |                 |          |                       |         | -               |            |  |
|                        |        |                 |          |                       |         | -               |            |  |
|                        |        |                 |          |                       |         | -               |            |  |
|                        |        | -               |          |                       |         |                 |            |  |
|                        |        |                 |          |                       |         |                 |            |  |
|                        |        |                 |          |                       |         |                 |            |  |
| -                      | 0.00   |                 |          |                       | 0.00    |                 |            | T ( ) DOF                              |
|                        | 0.00   |                 |          | Total DSEs            | 0.00    |                 |            | Total DSEs                             |
|                        | 0.00   | \$              | d Group  | Gross Receipts Secon  | 0.00    | \$              | oup        | Gross Receipts First Gr                |
|                        | 0.00   | \$              | d Group  | Base Rate Fee Secon   | 0.00    | \$              | oup        | Base Rate Fee First Gr                 |
| 1                      | JP     | SUBSCRIBER GROU | TWELVTH  | ONE HUNDRED           | IP      | SUBSCRIBER GROU | LEVENTH    | ONE HUNDRED EL                         |
|                        | 0      |                 |          | COMMUNITY/ AREA       | 0       |                 |            | COMMUNITY/ AREA                        |
| +                      | DSE    | CALL SIGN       | DSE      | CALL SIGN             | DSE     | CALL SIGN       | DSE        | CALL SIGN                              |
|                        |        | -               |          |                       |         | -               |            |  |
| ***                    |        | -               |          |                       |         | -               |            |  |
|                        |        |                 |          |                       |         | -               |            |  |
|                        |        |                 |          |                       |         | =               |            |  |
| m                      |        | -               |          |                       |         | -               |            |  |
|                        |        |                 |          |                       |         |                 |            |  |
|                        |        |                 |          |                       |         |                 |            |  |
|                        |        | _               |          |                       |         |                 |            |  |
|                        |        |                 |          |                       |         |                 |            |  |
| -4                     |        |                 |          |                       |         |                 |            |  |
|                        |        |                 |          |                       |         |                 |            |  |
|                        |        |                 |          |                       |         |                 |            |  |
| 4                      |        |                 |          |                       |         |                 |            |  |
|                        | 0.00   |                 |          | Total DSEs            | 0.00    |                 |            | Total DSEs                             |
|                        | 0.00   | \$              | Group    | Gross Receipts Fourth | 0.00    | \$              | roup       | Gross Receipts Third G                 |
|                        |        |                 |          |                       |         |                 |            |  |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC. | OF CABLE | E SYSTEM:       |      |                        |         | S                 | O06230 | Name                      |
|--|----------|-----------------|------|------------------------|---------|-------------------|--------|---------------------------|
|  |          |                 |      | TE FEES FOR EACH       |         |                   |        |                           |
| ONE HUNDRED THIR                       | TEENTH   | SUBSCRIBER GROU |      | ONE HUNDRED FOUL       | RTEENTH | I SUBSCRIBER GROU |        | 9                         |
| COMMUNITY/ AREA                        |          |                 | 0    | COMMUNITY/ AREA        |         |                   | 0      | Computation               |
| CALL SIGN                              | DSE      | CALL SIGN       | DSE  | CALL SIGN              | DSE     | CALL SIGN         | DSE    | of                        |
|  |          | -               |      |                        |         |                   |        | Base Rate Fe              |
|  |          | -               |      |                        |         |                   |        | and                       |
|  |          |                 |      |                        |         | • <mark>•</mark>  |        | Syndicated<br>Exclusivity |
|  |          | -               |      |                        |         |                   |        | Surcharge                 |
|  |          |                 |      |                        |         |                   |        | for                       |
|  |          |                 |      |                        |         |                   |        | Partially                 |
|  |          | -               |      |                        |         |                   |        | Distant<br>Stations       |
|  |          |                 |      |                        |         |                   |        | Stations                  |
|  |          | -               |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          |                 | 0.00 |                        |         |                   | 0.00   |                           |
| Total DSEs                             |          |                 | 0.00 | Total DSEs             |         |                   | 0.00   |                           |
| Gross Receipts First Gro               | oup      | \$              | 0.00 | Gross Receipts Second  | Group   | \$                | 0.00   |                           |
| Base Rate Fee First Gro                | pup      | \$              | 0.00 | Base Rate Fee Second   | Group   | \$                | 0.00   |                           |
| ONE HUNDRED FIF                        | TEENTH   | SUBSCRIBER GROU | IP   | ONE HUNDRED SI         | XTEENTH | SUBSCRIBER GROU   | JP     |                           |
| COMMUNITY/ AREA                        |          |                 | 0    | COMMUNITY/ AREA        |         |                   | 0      |                           |
| CALL SIGN                              | DSE      | CALL SIGN       | DSE  | CALL SIGN              | DSE     | CALL SIGN         | DSE    |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          | -               |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          | -               |      |                        |         | n <mark>-</mark>  |        |                           |
|  |          | -               |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          | -               |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
|  |          |                 |      |                        |         |                   |        |                           |
| Total DSEs                             |          |                 | 0.00 | Total DSEs             |         |                   | 0.00   |                           |
| Gross Receipts Third Gr                | oup      | \$              | 0.00 | Gross Receipts Fourth  | Group   | \$                | 0.00   |                           |
|  |          | ·               |      |                        |         | ·                 |        |                           |
| Base Rate Fee Third Gr                 | oup      | \$              | 0.00 | Base Rate Fee Fourth   | Group   | \$                | 0.00   |                           |
| base                                   |          |                 |      | Base Rate Fee Fourth ( | -       | \$<br>\$          | 0.00   |                           |

|                     |              | IBER GROUP       | SUBSCRI   | TE FEES FOR EAC  | BASE RA                             | COMPUTATION OF   |          |  |
|---------------------|--------------|------------------|-----------|--|-------------------------------------|------------------|----------|--|
| 9                   | 0            | SUBSCRIBER GROUP | IGHTEENTH |  | 0                                   | SUBSCRIBER GROUP | NTEENTH  |  |
| Computa             | U            |                  |           | COMMUNITY/ ARE   | U                                   |                  |          | COMMUNITY/ AREA  |
| of                  | DSE          | CALL SIGN        | DSE       | CALL SIGN  | DSE                                 | CALL SIGN        | DSE      | CALL SIGN  |
| Base Rate           |              |                  |           |  |                                     |                  |          |  |
| and                 |              |                  |           |  |                                     | -                |          |  |
| Syndica<br>Exclusiv |              | -                |           |  |                                     | -                |          |  |
| Surcha              |              |                  |           |  |                                     |                  |          |  |
| for                 |              | _                |           |  |                                     |                  |          |  |
| Partial             |              |                  |           |  |                                     |                  |          |  |
| Distar<br>Statior   |              | -                |           |  |                                     | -                |          |  |
| olulioi             |              |                  |           |  |                                     | -                |          |  |
|                     |              |                  |           |  |                                     | -                |          |  |
|                     |              | -                |           |  |                                     |                  |          |  |
|                     |              |                  |           |  |                                     |                  |          |  |
|                     |              |                  |           |  |                                     |                  |          |  |
|                     |              |                  |           |  | 0.00                                | 11               |          | otal DSEs  |
|                     |              |                  |           |  | 0.00                                |                  |          | ULAI DOES  |
|                     | 0.00         |                  |           | Total DSEs   |                                     |                  |          |  |
|                     | 0.00         | \$               | d Group   | Gross Receipts Sec   | 0.00                                | \$               | oup      |  |
|                     |              | \$\$             | ·         |  |                                     | \$<br>\$         |          | Bross Receipts First Gro   |
|                     | 0.00         |                  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec  | 0.00                                |                  | oup      | iross Receipts First Gro   |
|                     | 0.00         | \$               | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec  | 0.00                                | \$               | oup      | ase Rate Fee First Gro<br>ONE HUNDRED NIN  |
|                     | 0.00<br>0.00 | \$               | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED                                 | 0.00<br>0.00                        | \$               | oup      | ross Receipts First Gro<br>ase Rate Fee First Gro<br>ONE HUNDRED NIN<br>OMMUNITY/ AREA                 |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | ase Rate Fee First Gro<br>ONE HUNDRED NIN  |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | iross Receipts First Gro<br>ase Rate Fee First Gro<br>ONE HUNDRED NIN                                  |
| -<br>-<br>-<br>-    | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | ross Receipts First Gro<br>ase Rate Fee First Gro<br>ONE HUNDRED NIN<br>OMMUNITY/ AREA                 |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Grase Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA             |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | ross Receipts First Gro<br>ase Rate Fee First Gro<br>ONE HUNDRED NIN<br>OMMUNITY/ AREA                 |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | iross Receipts First Gro<br>ase Rate Fee First Gro<br>ONE HUNDRED NIN                                  |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Grase Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA             |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA              |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA              |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA              |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA              |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA              |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/              | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA<br>CALL SIGN |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/<br>CALL SIGN | 0.00<br>0.00<br>0.00<br>0<br>0<br>0 | SUBSCRIBER GROU  | DIFEENTH | CALL SIGN  |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/<br>CALL SIGN | 0.00<br>0.00                        | SUBSCRIBER GROU  | DIFEENTH | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA<br>CALL SIGN |
|                     | 0.00<br>0.00 | SUBSCRIBER GROU  | d Group   | Gross Receipts Sec<br>Base Rate Fee Sec<br>ONE HUNDRED<br>COMMUNITY/ ARE/<br>CALL SIGN | 0.00<br>0.00                        | SUBSCRIBER GROU  | DUP      | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED NIN<br>COMMUNITY/ AREA              |

| LEGAL NAME OF OWNER<br>CABLE ONE, INC.            | R OF CABL | E SYSTEM:        | p            |                         |           | S                | O06230 | Name                      |
|---|-----------|------------------|--------------|-------------------------|-----------|------------------|--------|---------------------------|
| B   | LOCK A:   | COMPUTATION OF   | BASE RA      | TE FEES FOR EACH        | SUBSCRI   | BER GROUP        |        |                           |
|   | NTY-FIRST | SUBSCRIBER GROUP |              | ONE HUNDRED TWEN        | TY-SECOND | SUBSCRIBER GROUP |        | 9                         |
| COMMUNITY/ AREA                                   |           |                  | 0            | COMMUNITY/ AREA         |           |                  | 0      | Computation               |
| CALL SIGN   | DSE       | CALL SIGN        | DSE          | CALL SIGN               | DSE       | CALL SIGN        | DSE    | of                        |
|   |           |                  |              |                         |           |                  |        | Base Rate Fee             |
|   |           | -                |              |                         |           |                  |        | and                       |
|   |           | -                |              |                         |           | -                |        | Syndicated<br>Exclusivity |
|   |           |                  |              |                         |           |                  |        | Surcharge                 |
|   |           | -                |              |                         |           |                  |        | for                       |
|   |           |                  |              |                         |           |                  |        | Partially<br>Distant      |
|   |           |                  |              |                         |           |                  |        | Stations                  |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           | -                |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
| Total DSEs  |           |                  | 0.00         | Total DSEs              |           |                  | 0.00   |                           |
| Gross Receipts First Gro                          | oup       | \$               | 0.00         | Gross Receipts Secon    | d Group   | \$               | 0.00   |                           |
| Base Rate Fee First Gr                            | oup       | \$               | 0.00         | Base Rate Fee Secon     | d Group   | \$               | 0.00   |                           |
| ONE HUNDRED TWEN                                  | ITY-THIRD | SUBSCRIBER GROUP |              | ONE HUNDRED TWEN        | TY-FOURTH | SUBSCRIBER GROUP | _      |                           |
| COMMUNITY/ AREA                                   |           |                  | 0            | COMMUNITY/ AREA         |           |                  | 0      |                           |
| CALL SIGN   | DSE       | CALL SIGN        | DSE          | CALL SIGN               | DSE       | CALL SIGN        | DSE    |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           | -                |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           | _                |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           | -                |        |                           |
|   |           | -                |              |                         |           | -                |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
|   |           |                  |              |                         |           |                  |        |                           |
| Total DSEs  |           |                  | 0.00         | Total DSEs              |           |                  | 0.00   |                           |
| Gross Receipts Third G                            | roup      | \$               | 0.00         | Gross Receipts Fourth   | Group     | \$               | 0.00   |                           |
| Base Rate Fee Third G                             | roup      | \$               | 0.00         | Base Rate Fee Fourth    | Group     | \$               | 0.00   |                           |
| Base Rate Fee: Add the<br>Enter here and in block |           |                  | iber group a | as shown in the boxes a | bove.     | \$               |        |                           |

|                      | 6YSTEM ID#<br>006230 |                  |           |                                     |         | E SYSTEM:        | R OF CABLE | CABLE ONE, INC.                       |
|----------------------|----------------------|------------------|-----------|-------------------------------------|---------|------------------|------------|---------------------------------------|
|                      |                      | BER GROUP        | SUBSCRI   | TE FEES FOR EACH                    | BASE RA | COMPUTATION OF   | LOCK A:    | Bl                                    |
| 9                    |                      | SUBSCRIBER GROUP | NTY-SIXTH |                                     |         | SUBSCRIBER GROUP | NTY-FIFTH  |                                       |
| Computa              | 0                    |                  |           | COMMUNITY/ AREA                     | 0       |                  |            | COMMUNITY/ AREA                       |
| of                   | DSE                  | CALL SIGN        | DSE       | CALL SIGN                           | DSE     | CALL SIGN        | DSE        | CALL SIGN                             |
| Base Rate            |                      |                  |           |                                     |         |                  |            |                                       |
| and                  |                      | -                |           |                                     |         |                  |            |                                       |
| Syndicat<br>Exclusiv |                      | -                |           |                                     |         |                  |            |                                       |
| Surchar              |                      | -                |           |                                     |         | -                |            |                                       |
| for                  |                      | =                |           |                                     |         |                  |            |                                       |
| Partial              |                      |                  |           |                                     |         |                  |            |                                       |
| Distan<br>Station    |                      |                  |           |                                     |         |                  |            |                                       |
| Station              |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         | -                |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      | 0.00                 |                  |           | T / 1005                            | 0.00    |                  |            |                                       |
|                      | 0.00                 |                  |           | Total DSEs                          | 0.00    |                  |            | Fotal DSEs                            |
|                      | 0.00                 | \$               | l Group   | Gross Receipts Second               | 0.00    | \$               | oup        | Gross Receipts First Gro              |
|                      | 0.00                 | \$               | l Group   | Base Rate Fee Second                | 0.00    | \$               | oup        | Base Rate Fee First Gro               |
|                      | ,                    | SUBSCRIBER GROUP | TY-EIGHTH | ONE HUNDRED TWEN                    |         | SUBSCRIBER GROUP | SEVENTH    | NE HUNDRED TWENTY-                    |
|                      | 0                    |                  |           | COMMUNITY/ AREA                     | 0       |                  |            | COMMUNITY/ AREA                       |
|                      | DSE                  | CALL SIGN        | DSE       | CALL SIGN                           | DSE     | CALL SIGN        | DSE        | CALL SIGN                             |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      | _                |           |                                     |         | -                |            |                                       |
|                      |                      |                  |           |                                     |         | -                |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         | -                |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      |                      |                  |           |                                     |         |                  |            |                                       |
|                      | 0.00                 |                  |           | Total DSEs                          | 0.00    |                  |            | Total DSEs                            |
|                      | 0.00                 | S                | Group     | Total DSEs<br>Gross Receipts Fourth | 0.00    | -<br>S           | Toup       |                                       |
|                      |                      | S                | Group     |                                     |         | S                | roup       | Fotal DSEs<br>Gross Receipts Third Gr |

| of                         |      |                  |           |                                     |         |                  |           |                                       |
|----------------------------|------|------------------|-----------|-------------------------------------|---------|------------------|-----------|---------------------------------------|
| Computa                    |      |                  |           | TE FEES FOR EACH                    | BASE RA |                  |           |                                       |
| Comput<br>of               |      | SUBSCRIBER GROUP | THIRTIETH |                                     | •       | SUBSCRIBER GROUP | TY-NINTH  |                                       |
| of                         | 0    |                  |           | COMMUNITY/ AREA                     | 0       |                  |           | COMMUNITY/ AREA                       |
| Base Rate                  | DSE  | CALL SIGN        | DSE       | CALL SIGN                           | DSE     | CALL SIGN        | DSE       | CALL SIGN                             |
|                            |      |                  |           |                                     |         |                  |           |                                       |
| and<br>Syndica             |      |                  |           |                                     |         |                  |           |                                       |
| Exclusiv                   |      |                  |           |                                     |         |                  |           |                                       |
| Surcha                     |      |                  |           |                                     |         | -                |           |                                       |
| for                        |      |                  |           |                                     |         |                  |           |                                       |
| Partial                    |      |                  |           |                                     |         |                  |           |                                       |
| Distar<br>Station          |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
| 1                          | 0.00 |                  |           | Total DSEs                          | 0.00    | ll.              | 1 1       | otal DSEs                             |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            | 0.00 | \$               | Group     | Gross Receipts Secon                | 0.00    | \$               | oup       | Bross Receipts First Gro              |
|                            | 0.00 | \$               | d Group   | Base Rate Fee Secon                 | 0.00    | \$               | oup       | ase Rate Fee First Gro                |
| ]                          |      | SUBSCRIBER GROUP | Y-SECOND  | ONE HUNDRED THIR                    |         | SUBSCRIBER GROUP | RTY-FIRST | ONE HUNDRED THIR                      |
|                            | 0    |                  |           | COMMUNITY/ AREA                     | 0       |                  |           | OMMUNITY/ AREA                        |
|                            | DSE  | CALL SIGN        | DSE       | CALL SIGN                           | DSE     | CALL SIGN        | DSE       | CALL SIGN                             |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      | _                |           |                                     |         | -                |           |                                       |
| n<br>11                    |      |                  |           |                                     |         | -                |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
|                            |      |                  |           |                                     |         |                  | [         |                                       |
|                            |      |                  |           |                                     |         |                  |           |                                       |
| n<br>11                    |      |                  |           |                                     |         |                  |           |                                       |
| n<br>10                    |      |                  |           |                                     |         |                  |           |                                       |
| n<br>10<br>10              |      |                  |           |                                     |         |                  |           |                                       |
| n<br>1<br>1<br>1<br>1<br>1 |      |                  |           |                                     |         |                  |           |                                       |
| <br><br><br>               |      |                  |           |                                     |         |                  |           |                                       |
| n<br>                      | 0.00 |                  |           | Total DSEs                          | 0.00    |                  |           | otal DSEs                             |
|                            | 0.00 | \$               | Group     | Total DSEs<br>Gross Receipts Fourth | 0.00    | \$               | roup      |                                       |
|                            |      | \$               | Group     |                                     |         | <br><br><br>\$   | roup      | Fotal DSEs<br>Gross Receipts Third Gr |

|                     |   |                  |                      | TE FEES FOR EACH  | BASE RA     |                  |                 |  |
|---------------------|---|------------------|----------------------|---|-------------|------------------|-----------------|--|
| 9                   |   | SUBSCRIBER GROUP | TY-FOURTH            |   |             | SUBSCRIBER GROUP | TY-THIRD        |  |
| Computa             | 0   |                  |                      | COMMUNITY/ AREA   | 0           |                  |                 | COMMUNITY/ AREA  |
| of                  | DSE   | CALL SIGN        | DSE                  | CALL SIGN   | DSE         | CALL SIGN        | DSE             | CALL SIGN  |
| Base Rate           |   |                  |                      |   |             | -                |                 |  |
| and                 |   |                  |                      |   |             |                  |                 |  |
| Syndica<br>Exclusiv |   | -                |                      |   |             | -                |                 |  |
| Surcha              |   | -                |                      |   |             | -                |                 |  |
| for                 |   | =                |                      |   |             | =                |                 |  |
| Partial             |   |                  |                      |   |             |                  |                 |  |
| Distar<br>Statior   |   |                  |                      |   |             |                  |                 |  |
| otation             |   | -                |                      |   |             | -                |                 |  |
|                     |   |                  |                      |   |             | -                |                 |  |
|                     |   | =                |                      |   |             | -                |                 |  |
|                     |   |                  |                      |   |             |                  |                 |  |
|                     |   |                  |                      |   |             |                  |                 |  |
|                     | 0.00  |                  |                      |   | 0.00        |                  |                 |  |
|                     | 0.00  |                  |                      | Total DSEs  | 0.00        |                  |                 | Total DSEs   |
|                     |   |                  |                      |   |             |                  |                 |  |
|                     | 0.00  | \$               | d Group              | Gross Receipts Seco   | 0.00        | \$               | oup             | Gross Receipts First Gro   |
|                     | 0.00  | \$<br>\$         |                      | Gross Receipts Secon<br>Base Rate Fee Secon                           | 0.00        | \$<br>\$         |                 |  |
|                     | 0.00  |                  | d Group              | Base Rate Fee Second  | 0.00        | \$               | oup             | Base Rate Fee First Gro  |
|                     | 0.00  | \$               | d Group              | Base Rate Fee Second  | 0.00        | \$               | oup             | ase Rate Fee First Gro   |
| -<br>-<br>-<br>-    | 0.00  | \$               | d Group              | Base Rate Fee Secon   | <b>0.00</b> | \$               | oup             | ase Rate Fee First Gro   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | ase Rate Fee First Gro<br>ONE HUNDRED THIR<br>OMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | ase Rate Fee First Gro<br>ONE HUNDRED THIR<br>OMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | ase Rate Fee First Gro<br>ONE HUNDRED THIR<br>OMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | ase Rate Fee First Gro<br>ONE HUNDRED THIR<br>OMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | ase Rate Fee First Gro<br>ONE HUNDRED THIR<br>OMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | ase Rate Fee First Gro<br>ONE HUNDRED THIR<br>OMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | COMMUNITY/ AREA  |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | Base Rate Fee First Gro<br>ONE HUNDRED THIR<br>COMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | Base Rate Fee First Gro<br>ONE HUNDRED THIR<br>COMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | Base Rate Fee First Gro<br>ONE HUNDRED THIR<br>COMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | Base Rate Fee First Gro<br>ONE HUNDRED THIR<br>COMMUNITY/ AREA   |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | COMMUNITY/ AREA  |
|                     | 0.00  | SUBSCRIBER GRO   | d Group<br>RTY-SIXTH | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA              | 0.00        | SUBSCRIBER GROU  | oup<br>TY-FIFTH | Base Rate Fee First Gro<br>ONE HUNDRED THIR<br>COMMUNITY/ AREA<br>CALL SIGN  |
|                     | 0.00  | SUBSCRIBER GRO   | d Group              | Base Rate Fee Secon   | 0.00        | SUBSCRIBER GROU  | DUP             | Base Rate Fee First Gro<br>ONE HUNDRED THIR<br>COMMUNITY/ AREA<br>CALL SIGN  |
|                     | 0.00<br>JP<br>0<br>DSE<br>0<br>0<br>0<br>0.00 | SUBSCRIBER GROU  | d Group              | Base Rate Fee Secon<br>ONE HUNDRED TH<br>COMMUNITY/ AREA<br>CALL SIGN | 0.00        | SUBSCRIBER GROL  | DSE             | Gross Receipts First Gro<br>Base Rate Fee First Gro<br>ONE HUNDRED THIR<br>COMMUNITY/ AREA<br>CALL SIGN<br>CALL SIGN |

| GROUP 0 9<br>Computation  | BER GROUP SUBSCRIBER GROUF   | RTY-EIGHTH | COMMUNITY/ AREA<br>CALL SIGN            |      | SUBSCRIBER GROUP | SEVENTH | BL<br>ONE HUNDRED THIRTY-S<br>COMMUNITY/ AREA<br>CALL SIGN |
|---|--|------------|---|------|------------------|---------|--|
| 0     9       I     DSE       Base Rate Fill       and       Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations                        | CALL SIGN  |            | COMMUNITY/ AREA<br>CALL SIGN            | 0    |                  |         | COMMUNITY/ AREA  |
| Computation       I     DSE       I     DSE       Base Rate Ference       and       Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations |  |            | CALL SIGN                               |      |                  |         | "<br>  |
| Base Rate Ference         and         Syndicated         Exclusivity         Surcharge         for         Partially         Distant         Stations         0.00         0.00         |  |            |   | DSE  |                  |         |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00  | <ul> <li>Image: Solution of the second s</li></ul> |            |   |      |                  |         |  |
| Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations   |  |            |   |      |                  |         |  |
| Exclusivity       Surcharge       for       Partially       Distant       Stations       0.00       0.00  | <ul> <li></li></ul>  |            |   |      |                  |         |  |
| Surcharge       for       Partially       Distant       Stations       0.00       0.00  | <ul> <li>- Manual Andrew State (1998)</li> <li>- Manual Andrew S</li></ul>   |            |   |      |                  |         |  |
| for       Partially       Distant       Stations  | S  |            |   |      |                  |         |  |
| Distant<br>Stations   | S  |            |   |      |                  |         |  |
| 0.00<br>0.00  | S  |            |   |      |                  |         |  |
| 0.00  | S  |            |   |      |                  |         |  |
| 0.00  |  |            |   |      |                  |         |  |
| 0.00  | s  |            |   |      |                  |         |  |
| 0.00  | s  |            |   |      |                  |         |  |
| 0.00  | ••••••••••••••••••••••••••••••••••••••   |            |   |      |                  |         |  |
| 0.00  |  |            |   |      |                  |         |  |
| 0.00  | \$   |            |   |      |                  |         |  |
|   | \$   |            | Total DSEs                              | 0.00 | 11               | I       | Total DSEs   |
|   |  | d Group    | Gross Receipts Seco                     | 0.00 | \$               | מעכ     | Gross Receipts First Gro                                   |
| 0.00  |  |            |   | 0.00 | - <b>*</b>       | Jup     |  |
|   | \$   | d Group    | Base Rate Fee Seco                      | 0.00 | \$               | oup     | Base Rate Fee First Gro                                    |
| GROUP   | SUBSCRIBER GRO   | FORTIETH   | ONE HUNDREI                             | JP   | SUBSCRIBER GROU  | Y-NINTH | ONE HUNDRED THIRT  |
| 0   |  |            | COMMUNITY/ AREA                         | 0    |                  |         | COMMUNITY/ AREA  |
| I DSE   | CALL SIGN  | DSE        | CALL SIGN                               | DSE  | CALL SIGN        | DSE     | CALL SIGN  |
| ·····   |  |            |   |      | -                |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            | 100000000000000000000000000000000000000 |      |                  |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            |   |      | -                |         |  |
|   |  |            |   |      | -                |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            |   |      |                  |         |  |
|   |  |            |   |      |                  |         |  |
| 0.00  |  |            | Total DSEs                              | 0.00 |                  |         | Total DSEs   |
| 0.00  | \$   | Group      | Gross Receipts Four                     | 0.00 | \$               | oup     | Gross Receipts Third Gro                                   |
|   | <u>`</u>   |            |   |      | ·                | -1-     |  |
| 0.00  | \$   | n Group    | Base Rate Fee Four                      | 0.00 | \$               | oup     | Base Rate Fee Third Gro                                    |

|                      | 6YSTEM ID#<br>006230 |                  |           |                                     |         | E SYSTEM:         | R OF CABLE | CABLE ONE, INC.                       |
|----------------------|----------------------|------------------|-----------|-------------------------------------|---------|-------------------|------------|---------------------------------------|
|                      |                      | BER GROUP        | SUBSCRI   | TE FEES FOR EACH                    | BASE RA | COMPUTATION OF    | LOCK A:    | BL                                    |
| 9                    |                      | SUBSCRIBER GROUP | Y-SECOND  |                                     |         | SUBSCRIBER GROUP  | RTY-FIRST  |                                       |
| Computat             | 0                    |                  |           | COMMUNITY/ AREA                     | 0       | COMMUNITY/ AREA 0 |            |                                       |
| of                   | DSE                  | CALL SIGN        | DSE       | CALL SIGN                           | DSE     | CALL SIGN         | DSE        | CALL SIGN                             |
| Base Rate            |                      |                  |           |                                     |         |                   |            |                                       |
| and                  |                      |                  |           |                                     |         |                   |            |                                       |
| Syndicat<br>Exclusiv |                      |                  |           |                                     |         |                   |            |                                       |
| Surcharg             |                      |                  |           |                                     |         |                   |            |                                       |
| for                  |                      |                  |           |                                     |         |                   |            |                                       |
| Partially            |                      | -                |           |                                     |         | -                 |            |                                       |
| Distant              |                      | -                |           |                                     |         | -                 |            |                                       |
| Stations             |                      | -                |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         | -                 |            |                                       |
|                      |                      |                  |           |                                     |         | -                 |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      | 0.00                 |                  |           | Total DSEs                          | 0.00    |                   |            | Fotal DSEs                            |
|                      | 0.00                 | \$               | d Group   | Gross Receipts Secon                | 0.00    | \$                | oup        | Gross Receipts First Gro              |
|                      | 0.00                 | \$               | d Group   | Base Rate Fee Secon                 | 0.00    | \$                | oup        | Base Rate Fee First Gro               |
|                      | ,                    | SUBSCRIBER GROUP | TY-FOURTH | ONE HUNDRED FOR                     |         | SUBSCRIBER GROUP  | TY-THIRD   | ONE HUNDRED FOR                       |
|                      | 0                    |                  |           | COMMUNITY/ AREA                     | 0       |                   |            | COMMUNITY/ AREA                       |
|                      | DSE                  | CALL SIGN        | DSE       | CALL SIGN                           | DSE     | CALL SIGN         | DSE        | CALL SIGN                             |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      | _                |           |                                     |         | -                 |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      | -                |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         | -                 |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      |                      |                  |           |                                     |         |                   |            |                                       |
|                      | 0.00                 |                  |           | Total DSEs                          | 0.00    |                   |            | otal DSEs                             |
|                      | 0.00                 | s                | Group     |                                     | 0.00    |                   | oup        | Fotal DSEs<br>Gross Receipts Third Gr |
|                      |                      | s                | Group     | Total DSEs<br>Gross Receipts Fourth |         |                   | roup       | Total DSEs<br>Gross Receipts Third Gr |

|                     | 006230   |                  |            |                              |              |                   |           | CABLE ONE, INC.                                   |
|---------------------|----------|------------------|------------|------------------------------|--------------|-------------------|-----------|---|
|                     |          | IBER GROUP       | SUBSCR     | TE FEES FOR EAC              |              |                   |           |   |
| 9                   |          | SUBSCRIBER GROUP | ORTY-SIXTH |                              |              | SUBSCRIBER GROUP  | RTY-FIFTH |   |
| Comput              | 0        |                  |            | COMMUNITY/ AREA              | U            | COMMUNITY/ AREA 0 |           |   |
| of                  | DSE      | CALL SIGN        | DSE        | CALL SIGN                    | DSE          | CALL SIGN         | DSE       | CALL SIGN   |
| Base Rate           |          |                  |            |                              |              | -                 |           |   |
| and                 |          |                  |            |                              |              | -                 |           |   |
| Syndica<br>Exclusiv |          |                  |            |                              |              | -                 |           |   |
| Surchar             |          |                  |            |                              |              | -                 |           |   |
| for                 |          |                  |            |                              |              |                   |           |   |
| Partial             |          |                  |            |                              |              |                   |           |   |
| Distan<br>Statior   |          |                  |            |                              |              |                   |           |   |
| otation             |          |                  |            |                              |              | -                 |           |   |
|                     |          |                  |            |                              |              |                   |           |   |
|                     |          | -                |            |                              |              | -                 |           |   |
|                     |          |                  |            |                              |              |                   |           |   |
|                     |          |                  |            |                              |              |                   |           |   |
|                     | 0.00     |                  | L          |                              | 0.00         |                   |           |   |
|                     |          |                  |            | Total DSEs                   |              |                   |           | otal DSEs   |
|                     | 0.00     | \$               | d Group    | Gross Receipts Seco          | 0.00         | \$                | oup       | Bross Receipts First Gr                           |
|                     | 0.00     | \$               | d Group    | Base Rate Fee Seco           | 0.00         | \$                | oup       | <b>Base Rate Fee</b> First Gr                     |
|                     |          |                  |            |                              |              |                   |           |   |
|                     | ,        | SUBSCRIBER GROUP | RTY-EIGHTH | ONE HUNDRED FO               |              | SUBSCRIBER GROUP  | SEVENTH   | ONE HUNDRED FORTY                                 |
|                     | 0        | SUBSCRIBER GROUF | RTY-EIGHTH | ONE HUNDRED FO               | 0            | SUBSCRIBER GROUP  | -SEVENTH  |   |
|                     |          | CALL SIGN        | DSE        | 11                           |              | SUBSCRIBER GROUP  | -SEVENTH  |   |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | COMMUNITY/ AREA                                   |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | OMMUNITY/ AREA                                    |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | OMMUNITY/ AREA                                    |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | COMMUNITY/ AREA                                   |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | OMMUNITY/ AREA                                    |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | COMMUNITY/ AREA                                   |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | OMMUNITY/ AREA                                    |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | COMMUNITY/ AREA                                   |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | COMMUNITY/ AREA                                   |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | ONE HUNDRED FORTY<br>COMMUNITY/ AREA<br>CALL SIGN |
|                     | 0        |                  | 1          | COMMUNITY/ AREA              | 0            |                   | 1         | COMMUNITY/ AREA                                   |
|                     | 0<br>DSE |                  | 1          | COMMUNITY/ AREA<br>CALL SIGN | DSE          |                   | 1         | CALL SIGN   |
|                     | 0<br>DSE |                  | 1          | COMMUNITY/ AREA              | 0<br>DSE<br> |                   | 1         | COMMUNITY/ AREA                                   |
|                     | 0<br>DSE |                  | DSE        | COMMUNITY/ AREA<br>CALL SIGN | DSE          |                   | DSE       | CALL SIGN   |

|                       | O06230 | S                 |          |                                     |              | E SYSTEM:                                | R OF CABLE | LEGAL NAME OF OWNER<br>CABLE ONE, INC. |  |  |  |
|-----------------------|--------|-------------------|----------|-------------------------------------|--------------|--|------------|--|--|--|--|
|                       |        | BER GROUP         | SUBSCRI  | TE FEES FOR EACH                    | BASE RA      | COMPUTATION OF                           | OCK A:     | BL                                     |  |  |  |
| 9                     | JP     | SUBSCRIBER GROU   | FIFTIETH |                                     | IP           | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP |            |  |  |  |  |
| <b>ອ</b><br>Computati | 0      | COMMUNITY/ AREA 0 |          |                                     | 0            | OMMUNITY/ AREA 0                         |            |  |  |  |  |
| of                    | DSE    | CALL SIGN         | DSE      | CALL SIGN                           | DSE          | CALL SIGN                                | DSE        | CALL SIGN                              |  |  |  |
| Base Rate I           |        |                   |          |                                     |              |  |            |  |  |  |  |
| and<br>Syndicate      |        |                   |          |                                     |              |  |            |  |  |  |  |
| Exclusivit            |        |                   |          |                                     |              |  |            |  |  |  |  |
| Surcharg              |        |                   |          |                                     |              |  |            |  |  |  |  |
| for                   |        |                   |          |                                     |              |  |            |  |  |  |  |
| Partially             |        |                   |          |                                     |              |  |            |  |  |  |  |
| Distant               |        |                   |          |                                     |              |  |            |  |  |  |  |
| Stations              |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              | -  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       | 0.00   |                   |          | Total DSEs                          | 0.00         |  |            | Fotal DSEs                             |  |  |  |
|                       | 0.00   | \$                | Group    | Gross Receipts Second               | 0.00         | \$                                       | oup        | Gross Receipts First Gro               |  |  |  |
|                       | 0.00   | \$                | Group    | Base Rate Fee Second                | 0.00         | \$                                       | oup        | Base Rate Fee First Gro                |  |  |  |
|                       | JP     | SUBSCRIBER GROU   | -SECOND  | ONE HUNDRED FIFT                    | IP           | SUBSCRIBER GROU                          | TY-FIRST   | ONE HUNDRED FIFT                       |  |  |  |
|                       | 0      |                   |          | COMMUNITY/ AREA                     | 0            |  |            | COMMUNITY/ AREA                        |  |  |  |
|                       | DSE    | CALL SIGN         | DSE      | CALL SIGN                           | DSE          | CALL SIGN                                | DSE        | CALL SIGN                              |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     |              |  |            |  |  |  |  |
|                       |        |                   |          |                                     | •            |  |            |  |  |  |  |
|                       | 0.00   |                   |          | Total DSEs                          | 0.00         |  | •          | Total DSEs                             |  |  |  |
|                       | 0.00   | \$                | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00<br>0.00 | \$                                       | oup        | Fotal DSEs<br>Gross Receipts Third Gr  |  |  |  |

| LEGAL NAME OF OWNE     |           | E SYSTEM:                                       |             |                          |          | 5                | O06230 | Name             |
|------------------------|-----------|---|-------------|--------------------------|----------|------------------|--------|------------------|
|                        |           |   |             | TE FEES FOR EACH         |          |                  |        |                  |
|                        | TY-THIRD  | SUBSCRIBER GROU                                 |             | ONE HUNDRED FIFTY        | -FOURTH  | SUBSCRIBER GRO   |        | 9                |
| COMMUNITY/ AREA        |           |   |             | COMMUNITY/ AREA          |          |                  | 0      | Computation      |
| CALL SIGN              | DSE       | CALL SIGN                                       | DSE         | CALL SIGN                | DSE      | CALL SIGN        | DSE    | of               |
|                        |           |   |             |                          |          |                  |        | Base Rate Fe     |
|                        |           |   |             |                          |          |                  |        | and              |
|                        |           |   |             |                          |          |                  |        | Syndicated       |
|                        |           |   |             |                          |          | n <mark>-</mark> |        | Exclusivity      |
|                        |           |   |             |                          |          |                  |        | Surcharge<br>for |
|                        |           |   |             |                          |          |                  |        | Partially        |
|                        |           | =   |             |                          |          |                  |        | Distant          |
|                        |           |   |             |                          |          |                  |        | Stations         |
|                        |           | -   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
| Total DSEs             |           |   | 0.00        | Total DSEs               |          |                  | 0.00   |                  |
|                        |           |   |             |                          | 0        |                  | 0.00   |                  |
| Gross Receipts First G | roup      | \$  | 0.00        | Gross Receipts Second    | Group    | \$               | 0.00   |                  |
| Base Rate Fee First G  | roup      | \$  | 0.00        | Base Rate Fee Second     | Group    | \$               | 0.00   |                  |
| ONE HUNDRED FI         | FTY-FIFTH | SUBSCRIBER GROU                                 | JP          | ONE HUNDRED FIF          | TY-SIXTH | SUBSCRIBER GRO   | JP     |                  |
| COMMUNITY/ AREA        |           |   | 0           | COMMUNITY/ AREA 0        |          |                  |        |                  |
| CALL SIGN              | DSE       | CALL SIGN                                       | DSE         | CALL SIGN                | DSE      | CALL SIGN        | DSE    |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           | -   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           | -   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           | +   |             |                          |          | •                |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
|                        |           |   |             |                          |          |                  |        |                  |
| Total DSEs             |           |   | 0.00        | Total DSEs               |          |                  | 0.00   |                  |
| Gross Receipts Third ( | Group     | \$  | 0.00        | Gross Receipts Fourth    | Group    | \$               | 0.00   |                  |
|                        |           |   |             |                          |          |                  |        |                  |
| Base Rate Fee Third (  | Group     | \$  | 0.00        | Base Rate Fee Fourth     | Group    | \$               | 0.00   |                  |
|                        |           | <b>e fees</b> for each subsc<br>pace L (page 7) | riber group | as shown in the boxes ab | ove.     | \$               |        |                  |

| ONE HUNDRED FIFTY-SEVE     |                    |      | ONE HUNDRED F  | FIFTY-EIGHTH | I SUBSCRIBER GROUF |               | of<br>Base Rat<br>and            |
|----------------------------|--------------------|------|--|--------------|--------------------|---------------|----------------------------------|
| COMMUNITY/ AREA            |                    | 0    | COMMUNITY/ AREA  | ۸<br>        |                    | 0             | Computa<br>of<br>Base Rat<br>and |
|                            |                    |      |  |              |                    |               | Computa<br>of<br>Base Rat<br>and |
|                            |                    |      |  |              |                    |               | of<br>Base Rat<br>and            |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               | and                              |
|                            |                    |      |  |              |                    |               | C. malia a                       |
|                            |                    |      | <ul> <li>Manufacture and a second second</li></ul> |              |                    |               | Syndicat<br>Exclusiv             |
|                            |                    |      |  |              |                    | 1             | Surchar                          |
|                            |                    |      |  |              | H                  | <mark></mark> | for                              |
|                            |                    |      |  |              |                    |               | Partiall                         |
|                            |                    |      |  |              |                    |               | Distan<br>Station                |
|                            |                    |      |  |              |                    |               | otation                          |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            | I                  |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    | 0.00 |  |              |                    | 0.00          |                                  |
| Total DSEs                 |                    |      | Total DSEs   |              |                    |               |                                  |
| Bross Receipts First Group | \$                 | 0.00 | Gross Receipts Seco  | ond Group    | \$                 | 0.00          |                                  |
| ase Rate Fee First Group   | \$                 | 0.00 | Base Rate Fee Seco   | ond Group    | \$                 | 0.00          |                                  |
| ONE HUNDRED FIFTY-NI       | NTH SUBSCRIBER GRO | DUP  | ONE HUNDRI   | ED SIXTIETH  | I SUBSCRIBER GRO   | UP            |                                  |
| OMMUNITY/ AREA             |                    | 0    | COMMUNITY/ AREA  | A            |                    | 0             |                                  |
| CALL SIGN DSI              | E CALL SIGN        | DSE  | CALL SIGN  | DSE          | CALL SIGN          | DSE           |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            | -                  |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
|                            |                    |      |  |              |                    |               |                                  |
| otal DSEs                  |                    | 0.00 | Total DSEs   |              |                    | 0.00          |                                  |
| Gross Receipts Third Group | \$                 | 0.00 | Gross Receipts Four  | th Group     | \$                 | 0.00          |                                  |
|                            |                    |      |  |              |                    |               |                                  |
| Base Rate Fee Third Group  | \$                 | 0.00 | Base Rate Fee Four   | th Group     | \$                 | 0.00          |                                  |
|                            |                    |      |  |              |                    |               |                                  |

|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006230   |
|   |   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |
| 9                                       | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mustalso compute a        |
| Computation<br>of                       | First 50 major television market  | Second 50 major television market                                  |
| Base Rate Fee                           | INSTRUCTIONS:   |  |
| and<br>Syndicated<br>Exclusivity        | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commetties schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>   |  |
| Surcharge                               | Exempt DSEs in block C, part 7 of this schedule. If none en   |  |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> |  |
|   | FIRST SUBSCRIBER GROUP  | SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                      |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group                  |
|   | subject to the surcharge  | subject to the surcharge   |
|   |   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE                                   |
|   | First Group   | Second Group   |
|   | THIRD SUBSCRIBER GROUP  | FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                      |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group                  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | computation   | computation  |
|   | SURCHARGE   | SURCHARGE  |
|   | Third Group   | Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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|   |  | FORM SA3E. PAGE 20.  |  |  |  |  |
|---|--|--|--|--|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230   |  |  |  |  |
| _   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · ·  |  |  |  |  |
| of  | First 50 major television market   | Second 50 major television market  |  |  |  |  |
| of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>First 50 major television market</li> <li>Second 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |  |  |  |
|   | FIFTH SUBSCRIBER GROUP   | SIXTH SUBSCRIBER GROUP   |  |  |  |  |
|   | FIFTH SUBSCRIDER GROUP   | SIX IN SUBSCRIDER GROUP  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |  |  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |  |  |  |  |
|   | SEVENTH SUBSCRIBER GROUP   | EIGHTH SUBSCRIBER GROUP  |  |  |  |  |
|   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |  |  |  |  |
|   | computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | computation  |  |  |  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |  |  |  |
|   |  |  |  |  |  |  |

|  |  | FORM SA3E. PAGE 20   |
|--|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | for the VHF Grade B contour stations that were classified as ter zero.<br>of DSEs used to compute the surcharge.   |
|  |  |  |
|  | NINTH SUBSCRIBER GROUP   | TENTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | ELEVENTH SUBSCRIBER GROUP  | TWELVTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ I  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|---|---|--|
| Name  | CABLE ONE, INC.   | 006230   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated             | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme<br>this schedule.   |  |
| Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | ter zero.<br>of DSEs used to compute the surcharge.  |
|   | THIRTEENTH SUBSCRIBER GROUP   | FOURTEENTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | FIFTEENTH SUBSCRIBER GROUP  | SIXTEENTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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|   |   |  |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#   |
|--|--|---|
| Name   | CABLE ONE, INC.  | 006230  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.   |
|  | SEVENTEENTH SUBSCRIBER GROUP   | EIGHTEENTH SUBSCRIBER GROUP   |
|  |  |   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|  | NINEENTH SUBSCRIBER GROUP  | TWENTYTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|  |  |   |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20<br>SYSTEM ID#<br>006230   |  |  |  |  |
|--|--|--|--|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |  |  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | · · ·  |  |  |  |  |
| Computation<br>of<br>Base Rate Fee   | ☐ First 50 major television market   | Second 50 major television market  |  |  |  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 5 this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to your actual calculations on this form.</li> </ul> |  |  |  |  |  |
|  | TWENTY-FIRST SUBSCRIBER GROUP  | TWENTY-SECOND SUBSCRIBER GROUP   |  |  |  |  |
|  |  | Line 1: Enter the VHF DSEs   |  |  |  |  |
|  | Line 1: Enter the VHF DSEs   | Line 2: Enter the Exempt DSEs  |  |  |  |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |  |  |  |
|  | TWENTY-THIRD SUBSCRIBER GROUP  | TWENTY-FOURTH SUBSCRIBER GROUP   |  |  |  |  |
|  | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 1: Enter the VHF DSEs   |  |  |  |  |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |  |  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|--|--|--|
| Name   | CABLE ONE, INC.  | 006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of<br>Base Rate Fee   | INSTRUCTIONS:  | Second 50 major television market  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.  |
|  |  |  |
|  | TWENTY-FIFTH SUBSCRIBER GROUP  | TWENTY-SIXTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | TWENTY-SEVENTH SUBSCRIBER GROUP  | TWENTY-EIGHTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 0  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20  |
|---|---|---|
| Name  | CABLE ONE, INC.   | SYSTEM ID#<br>006230  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · ·   |
| Computation<br>of   | First 50 major television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs in block C.</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
| Partially<br>Distant<br>Stations                                      | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.   | formula outlined in block D, section 3 or 4 of part 7 of this<br>ures applicable to the particular group. You do not need to show   |
|   | TWENTY-NINTH SUBSCRIBER GROUP   | THIRTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                                     |
|   | computation   | computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | THIRTY-FIRST SUBSCRIBER GROUP   | THIRTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |   |   |
|   |   |   |
|   |   |   |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20<br>SYSTEM ID#<br>006230   |
|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of<br>Base Rate Fee                   | ☐ First 50 major television market   | Second 50 major television market  |
| and<br>Syndicated<br>Exclusivity                     | Step 1:         In line 1, give the total DSEs by subscriber group for comme this schedule.           Step 2:         In line 2, give the total number of DSEs by subscriber group   |  |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|  | THIRTY-THIRD SUBSCRIBER GROUP  | THIRTY-FOURTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |
|  | THIRTY-FIFTH SUBSCRIBER GROUP  | THIRTY-SIXTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
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| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|--|---|--|
|  |   | 006230   |
|  |   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of  |   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities the subscriber of the subscriber group using the subscriber group using the</li> </ul> | for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |
| Distant<br>Stations  | schedule. In making this computation, use gross receipts fig your actual calculations on this form.   | ures applicable to the particular group. You do not need to show   |
|  | THIRTY-SEVENTH SUBSCRIBER GROUP   | THIRTY-EIGHTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                   |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|  | THIRTY-NINTH SUBSCRIBER GROUP   | FORTIETH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                   |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | FORM SA3E. PAGE 20.<br>SYSTEM ID#<br>006230  |
|--|--|--|
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of<br>Base Rate Fee   | INSTRUCTIONS:  | Second 50 major television market  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.  |
|  | FORTY-FIRST SUBSCRIBER GROUP   | FORTY-SECOND SUBSCRIBER GROUP  |
|  |  |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|  | FORTY-THIRD SUBSCRIBER GROUP   | FORTY-FOURTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|---|---|--|
| Name                                    | CABLE ONE, INC.   | 006230   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                       | If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of                       | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and                    | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme   | rcial VHE Grade B contour stations listed in block A part 9 of                                 |
| Syndicated<br>Exclusivity<br>Surcharge  | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group<br>Exempt DSEs in block C, part 7 of this schedule. If none ent   | for the VHF Grade B contour stations that were classified as erro.                             |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> | · · ·  |
|   | FORTY-FIFTH SUBSCRIBER GROUP  | FORTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|   | this subscriber group<br>subject to the surcharge<br>computation  | this subscriber group<br>subject to the surcharge<br>computation                               |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | FORTY-SEVENTH SUBSCRIBER GROUP  | FORTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|   | this subscriber group<br>subject to the surcharge<br>computation  | this subscriber group<br>subject to the surcharge<br>computation                               |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | Ŭ I  |
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|  |   | FORM SA3E. PAGE 20.   |
|--|---|---|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006230  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation<br>of       First 50 major television market       Second 50 major television market         Base Rate Fee<br>and<br>Syndicated       INSTRUCTIONS:         Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block<br>this schedule.         Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         for       Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Partially       Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do nu<br>your actual calculations on this form. |   | rcial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |
|  | FORTY-NINTH SUBSCRIBER GROUP  | FIFTIETH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation           | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | each subscriber group as shown<br>7)  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20   |  |
|---|--|--|--|
| Name  | CABLE ONE, INC.  | SYSTEM ID#<br>006230   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs in block C, part 7 of this schedule.</li> </ul>  | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.                      |  |
| Partially<br>Distant<br>Stations                                      | <ul> <li>Step 3: In fine 5, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | FIFTY-THIRD SUBSCRIBER GROUP   | FIFTY-FOURTH SUBSCRIBER GROUP  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |  |
|   | FIFTY-FIFTH SUBSCRIBER GROUP   | FIFTY-SIXTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |
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| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|--|--|--|
| Nume   |  | 006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>   | for the VHF Grade B contour stations that were classified as   |
| Surcharge<br>for<br>Partially<br>Distant<br>Stations                   | Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show |  |
|  | FIFTY-SEVENTH SUBSCRIBER GROUP   | FIFTY-EIGHTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|  | FIFTY-NINTH SUBSCRIBER GROUP   | SIXTIETH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
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|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20. SYSTEM ID#   |
|--|--|--|
| Name   | CABLE ONE, INC.  | 006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities the subscriber group is the subscriber group using the schedule. In making this computation, use gross receipts fig.</li> </ul> | for the VHF Grade B contour stations that were classified as ter zero.<br>of DSEs used to compute the surcharge.   |
| Stations   | your actual calculations on this form.   |  |
|  | SIXTY-FIRST SUBSCRIBER GROUP   | SIXTY-SECOND SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  |  |  |
|  | SIXTY-THIRD SUBSCRIBER GROUP   | SIXTY-FOURTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ I  |
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|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |  |
|--|--|--|--|
| Name   | CABLE ONE, INC.  | 006230   |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| 9  | If your cable system is located within a top 100 television market and a<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Free Free INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show</li> </ul> |  |  |
|  | SIXTY-FIFTH SUBSCRIBER GROUP   | SIXTY-SIXTH SUBSCRIBER GROUP   |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|  | SIXTY-SEVENTH SUBSCRIBER GROUP   | SIXTY-EIGHTH SUBSCRIBER GROUP  |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20. SYSTEM ID#   |
|---|--|--|
| Name  | CABLE ONE, INC.  | 006230   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:            |  |
| Computation<br>of                                 | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme<br>this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group                                  |  |
| Surcharge<br>for<br>Partially                     | Exempt DSEs in block C, part 7 of this schedule. If none ent<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of<br>Step 4: Compute the surcharge for each subscriber group using the | er zero.<br>of DSEs used to compute the surcharge.   |
| Distant<br>Stations                               |  | ures applicable to the particular group. You do not need to show                               |
|   | SIXTY-NINTH SUBSCRIBER GROUP   | SEVENTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|   | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation                               |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | SEVENTY-FIRST SUBSCRIBER GROUP   | SEVENTY-SECOND SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for |
|   | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation                               |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ I  |
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|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20  |
|--|---|---|
| Name   | CABLE ONE, INC.   | SYSTEM ID#<br>006230  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · ·   |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commenthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none enthese total number of DSEs in the total number of DSEs by subscriber group for comments the total number of DSEs in block C, part 7 of this schedule.</li> </ul> | for the VHF Grade B contour stations that were classified as ter zero.  |
| Partially<br>Distant<br>Stations   | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.  | formula outlined in block D, section 3 or 4 of part 7 of this<br>ures applicable to the particular group. You do not need to show   |
|  | SEVENTY-THIRD SUBSCRIBER GROUP  | SEVENTY-FOURTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|  |   |   |
|  | SEVENTY-FIFTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs   | SEVENTY-SIXTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name                                    | CABLE ONE, INC.  | SYSTEM ID#<br>006230  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                       |
| 9                                       | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of                       | First 50 major television market   | Second 50 major television market                               |
| Base Rate Fee                           | INSTRUCTIONS:  |   |
| and<br>Syndicated                       | Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.  | rcial VHF Grade B contour stations listed in block A, part 9 of |
| Exclusivity                             | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group  | for the VHF Grade B contour stations that were classified as    |
| Surcharge                               | Exempt DSEs in block C, part 7 of this schedule. If none ent   |   |
| for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul> |   |
|   | SEVENTY-SEVENTH SUBSCRIBER GROUP   | SEVENTY-EIGHTH SUBSCRIBER GROUP                                 |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                             |
|   | and enter here. This is the  | and enter here. This is the                                     |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group               |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY   |   |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group                                       |
|   | SEVENTY-NINTH SUBSCRIBER GROUP   | EIGHTIETH SUBSCRIBER GROUP                                      |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                             |
|   | and enter here. This is the  | and enter here. This is the                                     |
|   | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group               |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                |
|   | Third Group  | Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |  |   |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|--|--|--|
| Name   | CABLE ONE, INC.  | 006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig</li> </ul> | for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.  |
| Stations   | your actual calculations on this form.   |  |
|  | EIGHTY-FIRST SUBSCRIBER GROUP  | EIGHTY-SECOND SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|  | EIGHTY-THIRD SUBSCRIBER GROUP  | EIGHTY-FOURTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ I  |
|  |  |  |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#   |
|--|---|---|
| Name   | CABLE ONE, INC.   | 006230  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commentiation this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities the subscriber group is subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the subscriber group is given by the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the</li></ul> | for the VHF Grade B contour stations that were classified as<br>er zero.<br>of DSEs used to compute the surcharge.  |
|  | EIGHTY-FIFTH SUBSCRIBER GROUP   | EIGHTY-SIXTH SUBSCRIBER GROUP   |
|  |   |   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                                  |
|  |   |   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | Ŭ I   |
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|  |   |   |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|--|--|--|
| Name   | CABLE ONE, INC.  | 006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities the subscriber of the subscriber group of the subscriber group of the subscriber group using the subscriber group</li></ul> | for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.  |
|  | EIGHTY-NINTH SUBSCRIBER GROUP  |  |
|  | EIGHTY-NINTH SUBSCRIBER GROUP  | NINETIETH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  |  |  |
|  | NINETY-FIRST SUBSCRIBER GROUP  | NINETY-SECOND SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 0  |
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|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#   |
|---|---|---|
| Name  | CABLE ONE, INC.   | 006230  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | VITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of                                 | First 50 major television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group.</li> </ul>   |   |
| Surcharge<br>for<br>Partially<br>Distant          | <ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none ent</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig</li> </ul> | er zero.<br>of DSEs used to compute the surcharge.  |
| Stations  | your actual calculations on this form.  |   |
|   | NINETY-THIRD SUBSCRIBER GROUP   | NINETY-FOURTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for      |
|   | this subscriber group<br>subject to the surcharge<br>computation  | this subscriber group<br>subject to the surcharge<br>computation                                    |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group   |
|   | NINETY-FIFTH SUBSCRIBER GROUP   | NINETY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation        |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | Ŭ I   |
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|   |   | FORM SA3E. PAGE 20  |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006230  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | · · ·   |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent</li> </ul> | for the VHF Grade B contour stations that were classified as  |
| for<br>Partially<br>Distant<br>Stations   | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.</li> </ul>                                      |   |
|   | NINETY-SEVENTH SUBSCRIBER GROUP   | NINETY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|   |   |   |
|   | NINETY-NINTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs  | ONE HUNDREDTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs.         Line 2: Enter the Exempt DSEs.         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
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|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|--|---|--|
| Name   | CABLE ONE, INC.   | 006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of<br>Base Rate Fee   | INSTRUCTIONS:   | Second 50 major television market  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant |   | for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge.  |
| Stations   | your actual calculations on this form.  |  |
|  | ONE HUNDERED FIRST SUBSCRIBER GROUP   | ONE HUNDERED SECOND SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | STRUCATED EXCLUSIVITY SURCHARGE First Group   | Surcharge<br>Second Group  |
|  | ONE HUNDERED THIRD SUBSCRIBER GROUP   | ONE HUNDERED FOURTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
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|  | FORM SA3E. PAGE  |
|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I<br>CABLE ONE, INC. 0062  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |
| Computation<br>of  | First 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> </ul>                                    |
| for<br>Partially<br>Distant<br>Stations                        | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |
|  | ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation  |
|  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs.       Line 2: Enter the Exempt DSEs.         Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and enter here. This is the       and enter here. This is the         total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation       -   |
|  | SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         Third Group       \$   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |
|  |  |

|   | <u>.</u>   | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mustalso compute a  |
| Computation<br>of   | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | rcial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED NINTH SUBSCRIBER GROUP   | ONE HUNDRED TENTH SUBSCRIBER GROUP   |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                     |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | ONE HUNDRED ELEVENTH SUBSCRIBER GROUP  | ONE HUNDRED TWELVTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|   |  |  |

|   |   | FORM SA3E. PAGE 20.   |
|---|---|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006230  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY S  | SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and the stati<br>Syndicated Exclusivity Surcharge. Indicate which major television market any<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| of  | First 50 major television market Seco   | nd 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VH this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the N Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula schedule. In making this computation, use gross receipts figures ap your actual calculations on this form.</li> </ul> | /HF Grade B contour stations that were classified as<br>used to compute the surcharge.<br>outlined in block D, section 3 or 4 of part 7 of this |
|   | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP   | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP   |
|   |   |   |
|   |   | 1: Enter the VHF DSEs           2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1       and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | 2: Enter the Exempt DSEs  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each sul<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | oscriber group as shown   |

|   |  | FORM SA3E. PAGE 20.   |
|---|--|---|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| of  | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |   |
|   | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP   | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP   |
|   | ONE HONDRED SEVENTEENTT SOBSCRIDER GROOP   |   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group                             |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | ONE HUNDRED NINTEENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ I   |
|   |  |   |
|   |  |   |

|   |  | FORM SA3E. PAGE 20.  |
|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9<br>Computation  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mark<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mustalso compute a  |
| of  | First 50 major television market   | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | rcial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP   |
|   | UNE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                                    |
|   | computation  | computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
|   | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                     |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 8 1  |
|   |  |  |

|   |   | FORM SA3E. PAGE 20.  |  |
|---|---|--|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006230   |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |
| 9<br>Computation  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mustalso compute a  |  |
| of  | First 50 major television market  | Second 50 major television market  |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|   | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  |  |
|   |   |  |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |  |
|   | computation   | computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |
|   | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | 0 1  |  |
|   |   |  |  |

| Nerret         Other Lubble Control Code: 1993 March 2002 200         SystEme Link         SystEme Link           9         Computation<br>of<br>Base Refs Fee<br>and<br>Synchecked<br>Sector 0.5 of PEC / use in blocked within a top 00 level-scient marks any period<br>of the schedule.         If your calcula compute a<br>Synchecked Example to blocked within a top 00 level-scient marks any period<br>of the schedule.         If your calcula compute a<br>Synchecked Example to blocked within a top 00 level-scient marks any period<br>of the schedule.           Base Refs Fee<br>and<br>Synchecked<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surface<br>Surfac |          |  | FORM SA3E. PAGE 20.   |  |
|---|----------|--|---|--|
| 9       If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by sector. TAS of FCC rules in Bitlet on June 24, 1981:         0       Base Rate Free and Syndicated Exclusivity Surcharge. Indicate which major television market       Second 50 major television market         10       First 50 major television market       Second 50 major television market         11       Sing 1: Inine 2, dash the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of the structure group Sing the ford DSEs used to compute the surcharge.         11       Sing 1: Inine 2, dash the total DSEs by subscriber group for the VHF Grade B contour stations. That were classified as Exercised to compute the surcharge group using the ford DSEs used to compute the surcharge group using the ford DSEs used to compute the surcharge for each subscriber group using the fords DS. Secton 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         11       CONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED THIRTIETH SUBSCRIBER GROUP         11       Ine 1: Enter the VHF DSEs.       Line 1: Enter the VHF DSEs.         11       and enter here. This is the bas to the surcharge       computation         11       and enter here. This is the bas tot tharge computation       computation  | Name     |  |   |  |
| Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of PCC rules in effect on June 24, 1981:         Computation of and Syndicated Exclusivity Surcharge to any of the surcharge of or Partially Distant Stations       Second 50 major television market         Step 1: in the 1, give the total DSEs by subscriber group for onthe VHF Grade B contour stations listed in block A, part 9 of this schedule.       Step 2: in line 3, subtract line actions that were classified as Exclusivity Exempt DSEs in block C, part 7 of this schedule. If marking line computation, use groups receipts figures applicable to the surcharge.         Step 3: in line 3, subtract line actions on the form.       Step 4: inc.         Step 4: inc. Qive the total number of DSEs use groups compute the surcharge.       Step 4: inc.         Step 4: inc. Qive the total number of DSEs used to compute the surcharge.       Step 4: inc.         Step 4: inc. Qive the total number of DSEs.       Use 1: Enter the VHF DSEs.         Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and mether har. This is the total number of DSEs used to compute the surcharge computation       Subcriter group subject to the surcharge         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and mether har. This is the total number of DSEs used for group subject to the surcharge computation.       SYNDICATED EXCLUSIVITY         SUMDICATED EXCLUSIVITY  |          | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP |   |  |
| of<br>Base Rate For<br>Base Rate For<br>Syndicated       Implementation market       Implementation market         Base Rate For<br>Syndicated       INSTRUCTONS:         Step 2: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge for adar subscriber group using the formal outline to block A, part 9 of this<br>schedule. In marking this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED THENTY-NINTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs in Lock       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       SYNDICATED EXCLUSIVITY<br>SURCHARGE         NONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs         Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the   | _        | Syndicated Exclusivity Surcharge. Indicate which major television ma               |   |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations       Step 1: In line 1, give the total OEEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP         DNE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 1: Enter the VHF DSEs         SWDICATED EXCLUSIVITY<br>SURCHARGE       Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         SWDICATED EXCLUSIVITY<br>SURCHARGE       Subtract line 2 from line 1       Station         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Station       Station         SWDICATED EXCLUSIVITY<br>SURCHARGE       Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1  | -        | First 50 major television market   | Second 50 major television market                                 |  |
| Syndicated Exclusivity       this scholule.         Stop 2:: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exclusivity Distant       Stop 2: In line 2, give the total number of DSEs by subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED THIRTIETH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for this subscriber group augiget to the surcharge computation       Stations         SYNDICATED EXCLUSIVITY       SUMCHARGE         First Group       g       ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         SYNDICATED EXCLUSIVITY       SUMCHARGE         First Group       g         SynDicateD Exclusivity       Subtract line 2 from line 1         and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge       SynDicATED Exclusivity         SynDicATED Exclusivity       Subtract line 2 from line 1       In enter there. This is the total number of DSEs for this subscriber group subject to the surcharge  |          |  |   |  |
| Exclusivity<br>Surcharge<br>for       Step 2: in line 2, give the total number of DSEs by subscriber group por the VHF Grade B conclus stations that were classified as<br>Exempt DSEs in block C, part 7 of this schedule. In none ener zero.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge       SYNDICATED EXCLUSIVITY<br>SURCHARGE         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 1: Enter the VHF DSEs       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Subtract li  |          |  | ercial VHF Grade B contour stations listed in block A, part 9 of  |  |
| for       Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Compute the surcharge for each subsoribler group using the formula outlined in block D, seeking 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED THIRTIETH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation   | -        |  | for the VHF Grade B contour stations that were classified as      |  |
| Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED THIRTIETH SUBSCRIBER GROUP         Line 1:       Enter the VHF DSEs       Line 1:         Line 2:       Enter the Exempt DSEs       Line 2:         Line 3:       Subtract line 2 from line 1       and enter here This is the total number of DSEs for this subscriber group subject to the surcharge computation  | -        |  |   |  |
| Stations       your actual calculations on this form.         ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED THIRTIETH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscribe group         subject to the surcharge       computation         computation  | -        | •  |   |  |
| ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP       ONE HUNDRED THIRTIETH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation         computation          SYNDICATED EXCLUSIVITY       SURCHARGE         First Group   |          |  | gures applicable to the particular group. You do not need to show |  |
| Line 1: Enter the VHF DSEs  | Stations | your actual calculations on this form.   |   |  |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |          | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP                            |  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation         SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       \$         Line 2: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation       SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group       \$         SYNDICATED EXCLUSIVITY<br>SURCHARGE       \$       SYNDICATED EXCLUSIVITY<br>SURCHARGE       \$         SYNDICATED EXCLUSIVITY       \$        Syndicater for each subscriber group as shown  |          | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
| and enter here. This is the       and enter here. This is the         total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation  |          | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                     |  |
| this subscriber group       subject to the surcharge         computation  |          | -  |   |  |
| subject to the surcharge       subject to the surcharge         computation   |          |  |   |  |
| computation       -       computation       -         SYNDICATED EXCLUSIVITY       SURCHARGE       SYNDICATED EXCLUSIVITY         SURCHARGE       Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         Line 1:       Enter the VHF DSEs   |          | <b>o</b> .   | ÷ .   |  |
| SURCHARGE         First Group         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs.         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown   |          |  |   |  |
| First Group       \$       Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs  |          | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs   |          |  | SURCHARGE   |  |
| Line 1: Enter the VHF DSEs  |          | First Group  | Second Group  |  |
| Line 2: Enter the Exempt DSEs.       Line 2: Enter the Exempt DSEs.         Line 3: Subtract line 2 from line 1       and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation       Line 3: Subtract line 2 from line 1         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown       \$  |          | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                        |  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |          | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
| and enter here. This is the and enter here. This is the   total number of DSEs for total number of DSEs for   this subscriber group subject to the surcharge   computation  |          | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                     |  |
| total number of DSEs for   this subscriber group   subject to the surcharge   computation   |          |  |   |  |
| this subscriber group   subject to the surcharge   computation  |          |  |   |  |
| computation   |          |  | this subscriber group   |  |
| SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         SYNDICATED EXCLUSIVITY         SYNDICATED EXCLUSIVITY         SYNDICATED EXCLUSIVITY         SYNDICATED EXCLUSIVITY  |          | ,  | , ,   |  |
| SURCHARGE       Third Group   |          |  | · · · · · · · · · · · · · · · · · · ·                             |  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown  |          |  |   |  |
|   |          | Third Group  | Fourth Group  |  |
|   |          |  |   |  |
|   |          |  |   |  |
|   |          |  |   |  |
|   |          |  |   |  |
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|   |  | FORM SA3E. PAGE 20.   |  |
|---|--|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mustalso compute a   |  |
| of  | First 50 major television market   | Second 50 major television market   |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |  |
|   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  |   |  |
|   | ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   |  |
|   | subject to the surcharge<br>computation  | subject to the surcharge<br>computation   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |  |
|   | ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |  |
|   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 0   |  |
|   |  |   |  |

|  |  | FORM SA3E. PAGE 20.  |  |
|--|--|--|--|
| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230   |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation<br>of<br>Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | for the VHF Grade B contour stations that were classified as ter zero.<br>of DSEs used to compute the surcharge.   |  |
|  | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP   |  |
|  | ONE HUNDRED THIRTT-SEVENTH SUBSCRIBER GROUP  |  |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                |  |
|  | computation  |  |  |
|  | SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |
|  | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED FORTIETH SUBSCRIBER GROUP  |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | Ŭ I  |  |
|  |  |  |  |

| Name       LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYST         CABLE ONE, INC.       0         BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU         If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of Base Rate Fee and Syndicated Exclusivity       Instructions:         Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3:       In line 2, subtract line 2 form line 1. This is the total number of DSEs used to compute the surcharge.         Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho your actual calculations on this form. |
|--|
| 9       If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:         Computation of grass Rate Fee and Syndicated Exclusivity Surcharge. In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho   |
| <ul> <li>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:</li> <li>Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for FCC rules in effect on June 24, 1981:</li> <li>INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho</li> </ul>   |
| of   |
| and<br>Syndicated<br>ExclusivityStep 1:In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.Surcharge<br>for<br>Partially<br>DistantStep 2:In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.Ber 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.Step 4:Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho   |
|  |
|  |
| ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GRO   |
| Line 1: Enter the VHF DSEs   |
| Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber groupLine 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   |
| subject to the surcharge subject to the surcharge  |
| computation  |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         First Group       \$         Second Group       \$   |
| ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER GRO   |
| Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs  |
| Line 2: Enter the Exempt DSEs  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
| SYNDICATED EXCLUSIVITY       SURCHARGE       Third Group       \$  |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |
|  |

|   |   | FORM SA3E. PAGE 20.  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.   | SYSTEM ID#<br>006230   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| <b>9</b><br>Computation   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | the station is not exempt in Part 7, you mustalso compute a  |
| of  | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |
|   |   |  |
|   | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP  | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  |
|   | subject to the surcharge<br>computation   | subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | 0  |
|   |   |  |

|   |  | FORM SA3E. PAGE 20.   |  |
|---|--|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CABLE ONE, INC.  | SYSTEM ID#<br>006230  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| 9<br>Computation  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mark<br>by section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mustalso compute a   |  |
| of  | First 50 major television market   | Second 50 major television market   |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | ercial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>ter zero.<br>of DSEs used to compute the surcharge. |  |
|   |  |   |  |
|   | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |  |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |  |
|   | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group   |  |
|   | ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | 0 1   |  |
|   |  |   |  |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.  |
|--|---|--|
| Name   | CABLE ONE, INC.   | SYSTEM ID#<br>006230   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |
| 9  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of  | First 50 major television market  | Second 50 major television market  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none entities the schedule of the schedule.</li> </ul> | for the VHF Grade B contour stations listed in block A, part 9 of  |
| for<br>Partially<br>Distant<br>Stations                        | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of <b>Step 4:</b> Compute the surcharge for each subscriber group using the   | of DSEs used to compute the surcharge.   |
|  | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | ONE HUNDRED FIFTI-FIFTH SUBSCRIBER GROUP  |  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|  |   |  |

| Name CABI   | our cable system is located within a top 100 television market and  | SYSTEM ID#<br>006230<br>IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
|---|---|---|
| <b>U V</b>  | our cable system is located within a top 100 television market and  |   |
|   |   |   |
|   | section 76.5 of FCC rules in effect on June 24, 1981:   | the station is not exempt in Part 7, you mustalso compute a<br>rket any portion of your cable system is located in as defined                       |
| of  | First 50 major television market  | Second 50 major television market   |
| Base Rate Fee INST<br>and Step<br>Syndicated<br>Exclusivity Step<br>Surcharge<br>for Step | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |   |
|   | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP  | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP   |
|   | ONE HUNDRED FIFTT-SEVENTH SUBSCRIDER GROUP  |   |
|   | e 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
| Line  | 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
| Line  | <ul> <li>B Subtract line 2 from line 1<br/>and enter here. This is the<br/>total number of DSEs for<br/>this subscriber group</li> </ul>  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group                             |
|   | subject to the surcharge  | subject to the surcharge  |
|   | computation   |   |
|   | NDICATED EXCLUSIVITY<br>RCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP   |
| Line  | e 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
| Line  | e 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
| Line  | <ul> <li>Subtract line 2 from line 1<br/>and enter here. This is the<br/>total number of DSEs for<br/>this subscriber group<br/>subject to the surcharge</li> </ul>   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|   | computation   |   |
|   | NDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>ne boxes above. Enter here and in block 4, line 2 of space L (page   | 5 1   |
|   |   |   |