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

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
	\$						
8-31-20	ALLOCATION NUMBER						

# SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2020/1										
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	City of San Bruno										
	San Bruno CityNet Services										
				7362 2020/1							
	567 El Camino Real										
	San Bruno, CA 94066										
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•									
System	IDENTIFICATION OF CABLE SYSTEM:	ino oyotom, ii di	noron nom the address gr	von in opaco B.							
Gyoto	1   San Bruno CityNet Services										
	MAILING ADDRESS OF CABLE SYSTEM:										
	398 El Camino Real (Number, street, rural route, apartment, or suite number)										
	San Bruno, CA 94066										
	(City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on page 1b							
Area	with all communities.										
Served	CITY OR TOWN	STATE									
First	City of San Bruno	CA									
Community	Below is a sample for reporting communities if you report multiple ch		·								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alliana	MD	A	1							
	Alliance Gering	MD MD	B B	3							
	Germy	IVID	D	3							

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

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

FORM SA3E. PAGE 1b.										
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
City of San Bruno 7362										
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
<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., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).										
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns I	d a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]						
City of San Bruno	CA			First						
				Community						
				See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						

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

Name
City of San Bruno
SYSTEM ID#

# E

### Secondary Transmission Service: Subscribers and Rates

## SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS		KAIL	$^{+}$	CATEGORT OF SERVICE	SUBSCRIBERS	KAIL	
	0.000	۱.						
<ul> <li>Service to first set</li> </ul>	3,889	\$	20.55					
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial								
Converter								
<ul> <li>Residential</li> </ul>								
<ul> <li>Non-residential</li> </ul>								
		T		1   "			I	

# F

## Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLC	OCK 2				
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SE	RVICE RATE
Continuing Services:			Installation: Non-residential				
• Pay cable			Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial				
<ul> <li>Fire protection</li> </ul>			• Pay cable				
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential			Fire protection				
<ul><li>First set</li></ul>	\$	25.00	Burglar protection				
<ul><li>Additional set(s)</li></ul>	\$	23.89	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	35.00		
Converter			Disconnect				
			Outlet relocation	\$	35.00		
			Move to new address				

City of San Brui	ER OF CABLE SY	STEM:			SYSTEM ID#	<i>‡</i>	
Oity of Saff Brut		- · - · · ·			7362	Name	
PRIMARY TRANSMITTE	RS: TELEVISION	ON					
carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program basis Substitute Basis Strain basis under specific FC.  • Do not list the station station was carried of List the station here, a basis. For further infining the paper SA3 for Column 1: List each	ystem during the cons in effect on the constant of the constan	he accounting n June 24, 19 (4), or 76.63 ( d in the next respect to an ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi	g period, except 181, permitting the referring to 76.6 paragraph. y distant station norizations: at it in space I (the ation was carried tute basis station	(1) stations carri- ne carriage of cer s1(e)(2) and (4))]; s carried by your ne Special Statem d both on a substans, see page (v) n program service	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi-	Primary Transmitters: Television	
WETA-simulcast).  Column 2: Give the its community of license on which your cable system and attion, by column 3: Indicate educational station, by column 4: If the statement of local service Column 5: If you had cable system carried the carried the distant statice. For the retransmission of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these three Column 6: Give the	e channel number. For example stem carried the in each case we entering the least), "E" (for note terms, see ation is outside the area, see paye entered "Yello distant station on a part-timentered into our primary transsimulcasts, also ree categories elocation of each anadian station station of each anadian station entered into our primary transsimulcasts, also ree categories elocation of each anadian station.	ber the FCC he, WRC is Chae station. Whether the station whether the station on commercial page (v) of the ethe local serving the me basis because and or before Jumitter or an acceptance of the ethe page (v) of the ethe station. For each station. For each station.	nas assigned to annel 4 in Wash tation is a network), "N-M" (all educational), de general instruction 4, you must conaccounting perioduse of lack of a eam that is not sune 30, 2009, be ssociation representation of the general or U.S. stations, we the name of the	the television state hington, D.C. This ork station, an independent of the television of television of the television of television of the television of the television of the television of television of the television of the television of televisio	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your entering "LAC" if your cable system		
		•	EL LINE-UP	•	n channel line-up.	-	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	•	4. DISTANT? (Yes or No)	•	6. LOCATION OF STATION	-	
	CHANNEL	CHANN  3. TYPE  OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	·	-	
SIGN	CHANNEL NUMBER	CHANN  3. TYPE  OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	See instructions for	
SIGN  KTVU-FOX	CHANNEL NUMBER 2	CHANN  3. TYPE  OF  STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA	See instructions for additional information	
SIGN  KTVU-FOX  KNTV-NBC	CHANNEL NUMBER 2 11	CHANN  3. TYPE  OF  STATION  I  N	4. DISTANT? (Yes or No)  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA  SAN JOSE, CA		
KTVU-FOX KNTV-NBC KRON	CHANNEL NUMBER  2  11  4	CHANN  3. TYPE  OF  STATION  I  N	4. DISTANT? (Yes or No)  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA  SAN JOSE, CA  SAN FRANCISCO, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS	CHANNEL NUMBER  2 11 4 5	CHANN  3. TYPE  OF  STATION  I  N	4. DISTANT? (Yes or No)  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA  SAN JOSE, CA  SAN FRANCISCO, CA  SAN FRANCISCO, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS	CHANNEL NUMBER  2 11 4 5 36	CHANN  3. TYPE OF STATION I N N N	4. DISTANT? (Yes or No)  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA  SAN JOSE, CA  SAN FRANCISCO, CA  SAN FRANCISCO, CA  SAN JOSE, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC	CHANNEL NUMBER  2 11 4 5 36 7	CHANN  3. TYPE OF STATION I N N N	EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF	CHANNEL NUMBER  2 11 4 5 36 7 26	CHANN  3. TYPE OF STATION  I N N N I N	EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS	CHANNEL NUMBER  2 11 4 5 36 7 26 9	CHANN  3. TYPE OF STATION  I N N I N I E	EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS KQED-PLUS PBS	CHANNEL NUMBER  2 11 4 5 36 7 26 9 9.2	CHANN  3. TYPE OF STATION  I N N I E E	EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS KQED-PLUS PBS KBCW-CW	CHANNEL NUMBER  2 11 4 5 36 7 26 9 9.2 44	CHANN  3. TYPE OF STATION  I N N I E E	A. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS KQED-PLUS PBS KBCW-CW KOFY	CHANNEL NUMBER  2 11 4 5 36 7 26 9 9.2 44 20	CHANN  3. TYPE OF STATION  I N N I E E E N I	EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS KQED-PLUS PBS KBCW-CW KOFY KKPX-ION KCSM	CHANNEL NUMBER  2 11 4 5 36 7 26 9 9.2 44 20 65	CHANN  3. TYPE OF STATION  I N N I E E E N I N	EL LINE-UP  4. DISTANT? (Yes or No)  No  No  No  No  No  No  No  No  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS KQED-PLUS PBS KBCW-CW KOFY KKPX-ION KCSM KSTS-TELEMUND	CHANNEL NUMBER  2 11 4 5 36 7 26 9 9.2 44 20 65 60 48	CHANN  3. TYPE OF STATION  I N N I I N I I N I N I I N I N I I N I N I N I N I N I N	EL LINE-UP  4. DISTANT? (Yes or No)  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS KQED-PLUS PBS KBCW-CW KOFY KKPX-ION KCSM KSTS-TELEMUNI KTNC-SF	CHANNEL NUMBER  2 11 4 5 36 7 26 9 9.2 44 20 65 60 48 42	CHANNI 3. TYPE OF STATION I N N I N I N I N I N I N I N I N I	EL LINE-UP  4. DISTANT? (Yes or No)  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA CONCORD, CA	additional information	
KTVU-FOX KNTV-NBC KRON KPIX-CBS KICU-PLUS KGO TV-ABC KTSF KQED-PBS KQED-PLUS PBS KBCW-CW KOFY KKPX-ION KCSM KSTS-TELEMUND	CHANNEL NUMBER  2 11 4 5 36 7 26 9 9.2 44 20 65 60 48	CHANN  3. TYPE OF STATION  I N N I I N I I N I N I I N I N I I N I N I N I N I N I N	EL LINE-UP  4. DISTANT? (Yes or No)  No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION  OAKLAND, CA SAN JOSE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA BRISBANE, CA SAN FRANCISCO, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA SAN JOSE, CA	additional information	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE SIGN CHANNEL** OF (Yes or No) **NUMBER STATION** (If Distant) KQED KIDS 54.4 Ε SAN FRANCISCO, CA No **KQED WORLD** 9.3 Ε No SAN FRANCISCO, CA 54.3 Ε No **KQED LIFE** SAN FRANCISCO, CA **KGODT3-LAFF** Ν SAN FRANCISCO, CA 7.3 No KNTVDT2-COZ #N/A #N/A No #N/A 5.2 N KPIXDT2-DEC No SAN FRANCISCO, CA SAN FRANCISCO, ca KRONDT3 4.3 Ν No KICU-KBS 36.2 ı No SAN JOSE, CA 36.3 ı KICU-CCTV No SAN JOSE, CA KTVU-LATV 2.2 N No OAKLAND, CA **NOVATO, CA KTLN** 68 ı No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
City of San Bru	ino				7362	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
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<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located		
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Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried to carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For	e in each case of entering the lecast), "E" (for notes terms, see eation is outside ice area, see playe entered "Yhe distant station on a part-tiction of a distant tentered into of a primary trans simulcasts, als	whether the setter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becat multicast stranor before Jumitter or an aco enter "E". If	etwork), "N-M" (all educational), or general instruction 4, you must conaccounting perioduse of lack of a eam that is not successociation repression 4, you carried the	(for network multion "E-M" (for noncontions located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy esenting the primarchannel on any o	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		
Column 6: Give th	e location of ea Canadian statio	ich station. Fo	or U.S. stations, re the name of t	list the communit he community with	y to which the station is licensed by the h which the station is identifed.		
		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AH 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
City of San Bru	ino				7362	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
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	1	CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
City of San Bru	ino				7362	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
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• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in a may be different from the channel		
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"		
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-		
cable system carried t	ave entered "Y he distant station	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system		
of a written agreement	sion of a distan t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalt etween a cable sy	y payment because it is the subject stem or an association representing		
tion "E" (exempt). For explanation of these the	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the ) of the general	channel on any o	try transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.		
	Canadian statio	ons, if any, giv	e the name of t	he community witl	y to which the station is licensed by the had which the station is identifed. In channel line-up.		
		CHANN	EL LINE-UP	AQ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
				, , ,			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
City of San Bru	ino				7362	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:							
•	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the		
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of entering the lecast), "E" (for notes terms, see partion is outside itee area, see partion on a part-tipoid of a distantiation of a distantiation of a distantiation of a primary transsimulcasts, also incee categories de location of each canadian static	whether the setter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis bect multicast strong to enter "E". If y see page (vach station. For ens, if any, givennel line-ups,	etwork), "N-M" (all educational), or general instruction 4, you must conaccounting perioduse of lack of a general instruction 4, you must conaccounting perioduse of lack of a general that is not succeed that is not succeed the you carried the you carried the of the general or U.S. stations, we the name of the use a separate	(for network multidor "E-M" (for noncetions located in the distant"), enter "Yestions located in the mplete column 5, and. Indicate by enactivated channel subject to a royalty etween a cable system of the primary of the community with space G for each	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.		
	1	CHANN	EL LINE-UP	AI			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
City of San Bru	ino				7362	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:							
•	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the		
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located		
<b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).							
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in s may be different from the channel		
Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of entering the lecast), "E" (for notes terms, see partion is outside itee area, see partion on a part-tipoid of a distantiation of a distantiation of a distantiation of a primary transsimulcasts, also incee categories de location of each canadian static	whether the setter "N" (for noncommercial page (v) of the ethe local services" in column on during the me basis becar multicast strong or before Jumitter or an acceptance of the ethe page (v) of the ethe ethe page (v) of the ethe ethe ethe page (v) of the ethe ethe ethe ethe ethe ethe ethe	etwork), "N-M" (all educational), or general instruction 4, you must contact accounting perioduse of lack of a geam that is not successful and 30, 2009, but association repressor of the general or U.S. stations, we the name of the	(for network multicor "E-M" (for noncations located in the distant"), enter "Y tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable system of the primary of the community with the community with the community with the community with a community with the communi	es". If not, enter "No". For an exe paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.		
		•	EL LINE-UP	•	<u> </u>		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
						1	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
City of San Bru	ino				7362	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under eain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and ( sis, as explaine	4), or 76.63 ( d in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc FC</li><li>Do not list the station station was carried</li></ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
<ul> <li>List the station here, basis. For further in in the paper SA3 for</li> </ul>	and also in spanformation cond formation cond	ace I, if the sta cerning substi	tute basis statio	ons, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
Column 2: Give the its community of licens	se. For example	e, WRC is Ch	•		ion for broadcasting over-the-air in may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi- For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d e general instru	or "E-M" (for nonc ctions located in t	ommercial educational multicast).	
cable system carried t	ave entered "Y he distant station	es" in column on during the	4, you must co	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system	
of a written agreement	sion of a distant t entered into o	t multicast str n or before Ju	eam that is not s une 30, 2009, be	subject to a royalty etween a cable sys	capacity. y payment because it is the subject stem or an association representing iry transmitter, enter the designa-	
tion "E" (exempt). For explanation of these th	simulcasts, als ree categories	o enter "E". If , see page (v	you carried the ) of the general	channel on any o	ther basis, enter "O." For a further ed in the paper SA3 form.  The station is licensed by the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of the	he community with	which the station is identifed.	
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				,		

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7362 City of San Bruno PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF OWNER OF City of San Bruno	CABLE SYST	EM:				S	YSTEM ID# 7362	Name
	- CDF0'4	I CTATEME	NT AND DROOPARIES					
In General: In space I, ident substitute basis during the acexplanation of the programm form.	ify every no	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	lations, or author	izations.	. For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE					Carriage:
<ul> <li>During the accounting per broadcast by a distant stat</li> </ul>	•	ır cable system	n carry, on a substitute bas	is, any nonne		progran <b>Yes</b>		Special Statement and Program Log
Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE			ge blank. If your answer is	"Yes," you m	ust complete the	prograi	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant state gulations, of tion. Do not ucy" or "NE news broadsign of the stadian static adian static ath and day or "5/7." The ses when the Example: a cer "R" if the and regulatiogramming	attach addition nnetwork televion and that your or authorization of use general of BA Basketball: deast live, enter station broaded on's location (the ons, if any, the when your system a program carrolisted program ons in effect de	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your fied by a system from 6:01:	program) that ed for the programins instruction is lice station is lice program. Use cable system 15 p.m. to 6:2 amming that ed; enter the less to for the program in the less to for the program in the less to for the less	ensed by the FC0 ntified).  List the times a 28:30 p.m. should your system was etter "P" if the list.	ounting other state paper rogram  C or, in the more accurated be required pro	ntion nth	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTI		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES		FOR DELETION	
					_			
					_			
					_			
					_			
					_			
					_			

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name City of San Bruno 7362 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM** TO **FROM** TO DATE DATE

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Cit	y of San Bruno			7362	Name			
Inst all a (as pag	ructions: The figure you give in this space determines the form you fle and the amount younts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary tran ompute thi	smission s is amount,	service see 463,251.00	<b>K</b> Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(,	Amount of gro	oss 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> <li>If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of</li> </ul>								
	k 3 below. Irt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er	ntered on	line 2 in h	lock				
	elow.	intered on	IIIIe Z III D	IOCK				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld be ente	ered on line	e				
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	463,251.00				
	Enter the result here. This is your minimum fee.	\$		4,928.99				
Block 2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> </ul>	n 4, you n d?	nust check					
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_	\$					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	_		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$		-				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,	_	\$	4,928.99	Cable aveterns			
	whichever is larger Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	Cable systems submitting additional			
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	_		0.00	deposits under Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE	_	\$	725.00	additional fees. Division for the appropriate			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		5,653.99	form for submitting the			
	EFT Trace # or TRANSACTION ID #				additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta		* *	ion.)				

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

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 8.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	City of San Bruno	7362								
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Bob Acheson Telephone 650-616-3108									
	Address 398 El Camino Real (Number, street, rural route, apartment, or suite number)									
	San Bruno, CA 94066 (City, town, state, zip)									
	Email bacheson@sanbruno.ca.gov Fax (optional)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable syste in line 1 of space B.	em								
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]									
	X /S/BOB ACHESON									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"								
	Typed or printed name: /s/ Bob Acheson									
	Title: Business Manager  (Title of official position held in corporation or partnership)									
	Date: August 9, 2019									

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
City of San Bruno	7362	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to  For more information on when to exclude these amounts, see the note on page (vii) of the general instrupaper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO	or the basic not include sub- section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address  Name Mailing Address		
INTEREST ACCECCMENTS		
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 for		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	sistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright please list below the owner, address, first community served, accounting period, and ID number as given filing.		
Owner Address		
First community served		
Accounting period ID number		

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

#### DSE SCHEDULE. PAGE 11.

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

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.

#### 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.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. 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:

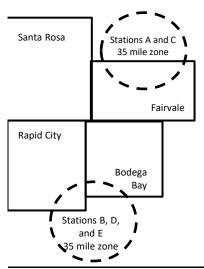
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



Distant Stations Carried			Identification	Identification of Subscriber Groups				
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS			
1	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS			
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00			
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00			
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00			
	E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00			
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00			

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064

 \$6.384.00

		\$6,364.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
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
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 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

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2020/1** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	City of San Bruno					7362					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:	I							
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.00						
	Landau d'anna										
2	Instructions:	Sian"• list the ca	ll signs of all distant stations	s identified by th	ne letter "O" in column 5						
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).										
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	Ξ as "1.0"; for ε	each network or noncom-						
of DSEs for	mercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
					•						
Add rows as					•						
necessary.											
Remember to copy											
all formula into new											
rows.											
					•						
					•						
	L	L		L							

			<b>=</b>
	I		

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

Name	City of San Brun						S	7362
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: For figure should correct Column 3: For Column 4: Div be carried out at lect Column 5: For give the type-value Column 6: Mu	e call sign of all distar each station, give the spond with the information each station, give the ride the figure in column each independent seas ".25."	ne number of hour mation given in spone total number of arm 2 by the figure nal point. This is the station, give the "ty lumn 4 by the figure	s your cable syste ace J. Calculate o hours that the sta in column 3, and e "basis of carriag pe-value" as "1.0.	m carried the stationly one DSE for eation broadcast over give the result in doge value" for the state." For each network digite the result in	on during the accounting ach station.  If the air during the accounting the accou	unting period. is figure must cational station, ess than the	
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS (	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	ΪΕ
			÷		=	x x	=	
			÷ ÷		=	X		
			÷ ÷		=	x	=	
			÷		=	x	=	
			÷		= 	x x	= =	
	Add the DSEs of ea	CATEGORY LAC Sach station.  ere and in line 2 of page		ıle,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							rm).
		SU	BSTITUTE-BA	SIS STATION	IS: COMPUTA	TION OF DSEs		
	SIGN	NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		<u>÷</u>		=		÷		=
		÷		=		÷		=
		<del>:</del>		=		÷		=
		÷		=		÷		=
	Add the DSEs of ea	SUBSTITUTE-BASI ach station. ere and in line 3 of pa		ıle,	▶	0.00		
5		F DSEs: Give the am dicable to your system		es in parts 2, 3, and	d 4 of this schedule	and add them to provide	the total	
Total Number	1. Number of DSI	·					0.00	
of DSEs	Number of DSI     Number of DSI	·					0.00	
	J. HAITING! OF DOL	_5 nom part + ♥						
	TOTAL NUMBER OF	F DSEs				<u> </u>		0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF O	WNER OF CABLE S	SYSTEM:					S	YSTEM ID#		
City of San Br	uno							7362	Name	
Instructions: Bloc In block A: • If your answer if	·		art 6 and part 7	of the DSE sched	dule blank and	l complete part	8. (page 16) of th	e	6	
schedule.		·	•				-, (1-9,			
If your answer if	"No," complete blo	cks B and C		TELEVISION M.	ARKETS				Computation of	
Is the cable syster effect on June 24,			najor and small	er markets as defi	ned under sed		CC rules and regul	lations in	3.75 Fee	
X No—Comp	lete blocks B and	C below.								
		BI O	CK B: CARR	IAGE OF PERI	MITTED DS	 SEs				
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheo	ations listed in one prior to Jundule. (Note: Th	part 2, 3, and 4 of the e 25, 1981. For fulle e letter M below re	this schedule rther explanat	that your syste	d stations, see the	•		
Column 2: BASIS OF PERMITTED CARRIAGE	BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to									
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o			rksheet on page 1	4 of		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
								0.00		
		Е	BLOCK C: CC	MPUTATION O	F 3.75 FEE					
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule						
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve						
Line 3: Subtract (If zero, l	line 2 from line 1 eave lines 4–7 bl					ate.		0.00		
Line 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m here				×		permited/ partially nonpermitted	
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.	
Line 7: Multiply li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cit	y of San Bri	uno							7362	Mama
					SION MARKETS					
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
						***************************************				
						***************************************				

Name	City of San Bru		SYSTEM:							7362	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)  Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.										
	1. CALL	PERMITTE 2. PRIC		TIONS CARRIE	ΕD	ON A PART-TIME AN 4. BASIS OF		TUTE BASIS RESENT	6. P	ERMITTED	
	SIGN	DSE		ERIOD		CARRIAGE		DSE	_	DSE	
<b>7</b> Computation of the	· ·	"Yes," comple	te blocks B and C		ра	urt 8 of the DSE schedu	ıle.				
Syndicated			BLOCI	K A: MAJOR	TE	ELEVISION MARK	ET				
Exclusivity Surcharge	• Is any portion of the o	cable system w	vithin a top 100 mai	or television ma	rke	et as defned by section ?	76.5 of FCC	crules in effect	June 24.	1981?	
<b>3</b>	Yes—Complete	•				No—Proceed to			,		
	BLOCK B: Ca	arriage of VHF	Grade B Contour	Stations		BLOCK	( C: Compu	utation of Exem	pt DSEs	3	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	•			Was any station listed nity served by the cab to former FCC rule 76	le system p	•	-		
	Yes—List each si  X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each sta			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE	
		_									
			TOTAL 227	0.00				<b>TOT</b> :: 5	)F-	0.00	
			TOTAL DSEs	0.00				TOTAL DS	⊳ES	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  City of San Bruno	SYSTEM ID# 7362	Name
		7302	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	463,251.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
B	SLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	BER GROUP				
	FIRST	SUBSCRIBER GROU	IP		SECONE	SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA	San Bru	uno Municipal Ca	ble TV	COMMUNITY/ AREA			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fe		
								and		
								Syndicated Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DCCa			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$ 463	3,251.00	Gross Receipts Seco	ond Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
	THIRD	SUBSCRIBER GROU	IP		FOURTH	I SUBSCRIBER GROU	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 G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes a	above.	\$	0.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362									
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU				SUBSCRIBER GROUP	)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
***************************************								Syndicated	
								Exclusivity	
						_		Surcharge	
								for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
		•			-1 0	_	_		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	a Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
(	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROUP	)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u> </u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
,					•				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
				Ш					
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$			
- Nor Horo and in block	J, III I, 3	paco = (pago 1)				*			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362									
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROUP		0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL GIGIT	202	CALL CICIT	202	OALL GIGIT	702	ONLE CICIT	502	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
							•	Surcharge	
								for	
	<mark></mark>							Partially	
								Distant Stations	
								Otations	
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		
El	LEVENTH	SUBSCRIBER GROU	Р		TWELVTH	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		
				<u> </u>					
Base Rate Fee: Add the Enter here and in block	e <b>base rat</b> e 3, line 1, s	e fees for each subsci pace L (page 7)	iber group	as shown in the boxes al	oove.	\$			

LEGAL NAME OF OWNER  City of San Bruno		E SYSTEM:					7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	JP	FOL	JRTEENTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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	
FI	FTEENTH	SUBSCRIBER GROU	JP	S	IXTEENTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	<b> \$</b>	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		
	,	🦁 /						

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLI	E SYSTEM:					7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	IP	EIG	HTEENTH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						_		Exclusivity
								Surcharge
								for
								Partially
							_	Distant Stations
								Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	Gross Receipts First Group \$ 0.00				d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NIN	NTEENTH	SUBSCRIBER GROU	IP	T\	WENTIETH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362									
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP			
TWEN	TY-FIRST	SUBSCRIBER GROU	Р	TWENTY	-SECOND	SUBSCRIBER GROUP		0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DOL	CALL SIGIN	DOL	OALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
					•			Distant	
	••••••							Stations	
Total DSEs			0.00	Total DSEs		1	0.00		
Gross Receipts First Group \$ 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		
TWEN	TY-THIRD	SUBSCRIBER GROU	IP	TWENT	Y-FOURTH	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 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 Enter here and in block	e <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes at	oove.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP				
TWEN	TY-FIFTH	SUBSCRIBER GROU	Р	TWEN	NTY-SIXTH	SUBSCRIBER GROUP		0		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	Base Rate Fee		
						—		and		
								Syndicated		
								Exclusivity		
								Surcharge		
								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			
TWENTY-S	SEVENTH	SUBSCRIBER GROU	Р	TWENT	Y-EIGHTH	SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			BIBER GROUP  0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
							0			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00			
Cross Receipts Tillia G	σαρ	.*	<u> </u>	O TOOS TOOGIPIS I OUITII	Отоир	<u>*</u>				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$				

LEGAL NAME OF OWNER  City of San Bruno	R OF CABL	E SYSTEM:				SY	7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-NINTH	SUBSCRIBER GROU	JP	-	THIRTIETH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	. <mark>.</mark>							Surcharge
								for
								Partially Distant
	<mark></mark>							Stations
								Juliona
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 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-FIRST	SUBSCRIBER GROU	JP	THIRT	/-SECOND	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	
				Ш				
			riber group	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRT	ry-THIRD	SUBSCRIBER GROU		THIRT	Y-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DOL	Base Rate Fee
						—		and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	Р	THIF	RTY-SIXTH	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 Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIRTY-S	SEVENTH	SUBSCRIBER GROU	Р	THIRT	Y-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			<u> </u>	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIT	202	OTTEL OTOTA	- 502	O'NEE GIGIT	562	CALL GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								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	
THIRT	Y-NINTH	SUBSCRIBER GROU	Р		FORTIETH	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 Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR <sup>*</sup>	TY-FIRST	SUBSCRIBER GROU	Р	FORTY	-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								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	
FOR 1	Y-THIRD	SUBSCRIBER GROU	Р	FORT	/-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 Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	pove.	\$		

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	Р	FOF	RTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
						—		and
								Syndicated
								Exclusivity
								Surcharge
								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	
FORTY-S	SEVENTH	SUBSCRIBER GROU	P	FORT	Y-EIGHTH	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 Enter here and in block	e <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subsci pace L (page 7)	iber group	as shown in the boxes at	oove.	\$		

O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  O.00  O.00  O.00	CALL SIGN	FIFTIETH	COMMUNITY/ AREA		COMPUTATION C SUBSCRIBER GRO		
O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  O.00  O.00  O.00  O.00  O.00  O.00	CALL SIGN			0			COMMUNITY/ AREA
DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  ROUP 0					CALL SIGN	DSE	
DSE Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations  0.00 0.00  0.00		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and Syndicate Exclusivit Surcharge for Partially Distant Stations  0.00 0.00 0.00  ROUP 0							
Syndicate Exclusivit Surcharge for Partially Distant Stations  0.00 0.00  0.00							
O.00  O.00  O.00  O.00  O.00  O.00							
O.00  O.00  O.00  O.00  O.00							
for Partially Distant Stations  0.00 0.00 0.00							
0.00 0.00 0.00							
0.00 0.00 0.00							
0.00 0.00 0.00							
0.00 0.00 ROUP							
0.00 0.00 ROUP							
0.00 0.00 ROUP				<b></b>			
0.00 0.00 ROUP							
0.00 0.00 ROUP							
0.00 0.00 ROUP							
0.00 ROUP			Total DSEs	0.00			Total DSEs
0 0	\$	nd Group	Gross Receipts Sec	0.00	\$	Group	Gross Receipts First G
0 0		·	·			·	·
0	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
	SUBSCRIBER GROU	TY-SECOND	FIF	JP	SUBSCRIBER GRO	IFTY-FIRST	FIF
DSE			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				0.00			
0.00			Total DSEs	0.00			Total DSEs
0.00			Gross Receipts Four	0.00	\$	Group	Gross Receipts Third G
	\$	h Group	i i				
	\$	:h Group					

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
	D							
9	<b>0</b>	SUBSCRIBER GROU	1-FOUKIH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	r-IHIKD	FIF I COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	502	CALL CICIT	502	O/ILL OIGIV	562	CALL CICIT	202	CALL GIGH
and								
Syndicat								
Exclusiv			-					
Surchar for								
Partiall								
Distan	•••••							
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	FTY-SIXTH	FI	IP	SUBSCRIBER GROU	ΓY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	······							
						-		
			<u> </u>					
			<u> </u>					
							_	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gi

							7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFTY-S	SEVENTH	SUBSCRIBER GROU	JP	FIFT	Y-EIGHTH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
***************************************								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
						_		Distant
								Stations
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	
FIF	TY-NINTH	SUBSCRIBER GROU	JP		SIXTIETH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
			<u> </u>					
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				II.				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
	,, 0	· (i - 3 /						

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
ВІ	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIRST	SUBSCRIBER GROU	Р	SIXTY	'-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			<u> </u>	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second	-	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		<del> </del>	/-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 Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subsci pace L (page 7)	iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIX	TY-FIFTH	SUBSCRIBER GROU	Р	SIX	(TY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIN	DOL	CALL SIGIN	DOL	OALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								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	
SIXTY-S	SEVENTH	SUBSCRIBER GROU	Р	SIXT	Y-EIGHTH	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 Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIXT	TY-NINTH	SUBSCRIBER GROU	Р	SE	VENTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIN	DOL	CALL SIGIN	DOL	OALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GROU	Р	SEVENTY	-SECOND	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	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362								Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVEN	TY-THIRD	SUBSCRIBER GROU	IP	SEVENT	Y-FOURTH	SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GROU	IP	SEVE	NTY-SIXTH	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	
3 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	r				r	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENTY-S	SEVENTH	SUBSCRIBER GROU	Р	SEVENT	Y-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALLSION	DSE	CALL SIGN	DSE	L CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								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 Gre	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GROU	Р	E	IGHTIETH	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	
	•	L'			r	[		
Base Rate Fee: Add the Enter here and in block	e <b>base rat</b> e 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GROU	Р	EIGHT	-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07122 01011	302	07122 01011	502	07122 01011	562	SALE SIGH	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								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	
EIGHT	ΓY-THIRD	SUBSCRIBER GROU	Р	EIGHT	/-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	
	roup	¢			Graun	¢	0.00	
Gross Receipts Third G	ιουρ	Ψ	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 Enter here and in block	e <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-FIFTH	SUBSCRIBER GROU	Р	EIGH	HTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Otations
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	
EIGHTY-S	SEVENTH	SUBSCRIBER GROU	Р	EIGHT	Y-EIGHTH	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 Enter here and in block	e <b>base rate</b> 3, line 1, s	e fees for each subscr pace L (page 7)	iber group	II as shown in the boxes ab	oove.	\$		

Name								City of San Bruno
	_			TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	NINTIETH :	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-NINTH	EIGHT COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat Exclusiv			_					
Surchar								
for			_					
Partiall						-	-	
Distan								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	/-SECOND	NINET	P	SUBSCRIBER GROU	TY-FIRST	NINE <sup>-</sup>
	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	\$	Group	Gross Receipts Fourth	0.00	<b>\$</b>	oup	ross Receipts Third Gi
		·	- 1.				•	
				1				

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINET	Y-THIRD	SUBSCRIBER GROU	Р	NINETY	/-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	OALL SIGIN	DOL	OALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								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 Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GROU	P	NINE	TY-SIXTH	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 Enter here and in block	e <b>base rate</b> 3, line 1, s <sub>l</sub>	e fees for each subscr pace L (page 7)	iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER  City of San Bruno	OF CABLE	E SYSTEM:					7362	Nome
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
NINETY-S	EVENTH	SUBSCRIBER GROU	Р	NINET	Y-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 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	
	•	SUBSCRIBER GROU				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 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	
				II				
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER  City of San Bruno		E SYSTEM:				SY	7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GROU	JP	ONE HUNDREI	SECOND	SUBSCRIBER GROUP	)	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
	···							for
								Partially
								Distant
								Stations
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	
ONE HUNDRE	ED THIRD	SUBSCRIBER GROU	IP	ONE HUNDREI	D 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	1		0.00	
Gross Receipts Third G	roup	•	0.00	Gross Receipts Fourth	Group	<b>«</b>	0.00	
Cioss Necelpis IIIIIu G	ισαρ	<u>*</u>	0.00	Toos Receipts Fourth	Οισαρ	\$	<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes al	oove.	\$		

Name								City of San Bruno
				TE FEES FOR EACH				
9	<b>0</b>	SUBSCRIBER GROU	RED SIXTH	ONE HUND	<b>0</b>	SUBSCRIBER GROU	ED FIFTH	ONE HUNDRI COMMUNITY/ AREA
Computat				OOMMONT IT IT THE				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and							-	
Syndicate Exclusivi			-					
Surcharg								
for								
Partially								
Distant								
Stations								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	D	SUBSCRIBER GROU		ONE HUNDR	ID	SUBSCRIBER GROU	EVENTU	ONE HUNDRED S
	0	SOBSCINER GROOT	LD LIGITITI	COMMUNITY/ AREA	0	SOBSCRIBER GROC	OL V LINITI	OMMUNITY/ AREA
				OOMMONT IT AREA				OWWONT IT AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
				1				
						I II		

LEGAL NAME OF OWNER  City of San Bruno		E SYSTEM:				S	7362	Nome
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	H SUBSCRI	BER GROUP		
ONE HUNDRI	ED NINTH	SUBSCRIBER GRO	JP	ONE HUNDE	RED TENTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
	<u></u>							Partially
								Distant
								Stations
	<del></del>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	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 G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07122 01011	202	O/ LEE O/O/(	502	O' LEE GIGIT	202	57 LEE 01011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								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 FIF	TEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED S	IXTEENTH	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	
							$\neg \neg  $	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	SYSTEM:				Sì	7362	Name
				TE FEES FOR EACH				
ONE HUNDRED SEVEN	NTEENTH	SUBSCRIBER GROU			HTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
					••••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	OUD	¢	0.00	Gross Receipts Second	4 Group	<b>.</b>	0.00	
Gloss Receipts First Gr	oup	4	0.00	Gloss Receipts Second	a Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED NIN	NTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TV	VENTIETH	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 Enter here and in block			iber group	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07122 01011	302	0/122 0/0/1		O NEE GIGIT	202	CALL CICA	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								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	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	ΓY-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 Enter here and in block			iber group	II as shown in the boxes ab	oove.	\$		

		BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA			ONE HUNDRED TWEN
9	0	SUBSCRIBER GROUP		COMMUNITY/ AREA	0	SUBSCRIBER GROUP		COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv								
Surchar for								
Partial								
Distar								
Station								
	0.00			Total DSEs	0.00			otal 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	ase Rate Fee First Gro
		SUBSCRIBER GROUP	NTY-EIGHTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	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	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third G
		-			I	Ī		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	ITY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07122 07011	202	07 LEE 01011		07.122 01011	562	O/ ILL GIGIT	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 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	
ONE HUNDRED THIS	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	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 Enter here and in block			iber group	as shown in the boxes ab	pove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	O/ALL GIGIT		ONEE SIGN	562	OALL GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge 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	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-SIXTH	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 Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								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	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	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 Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIN	DOL	OALL GIGIN	DOL	ONEE GIGIN	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
							0	Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								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 FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FORT	ΓY-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 Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI	Name
ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP         ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP           COMMUNITY/ AREA         0           CALL SIGN         DSE         CALL SIGN         DSE           CALL SIGN         DSE         CALL SIGN         CALL SIGN           CALL SIGN         DSE         CALL SIGN         CALL SIGN </td <td></td>	
CALL SIGN DSE CA	
	9 Computation
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	of
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	and
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Syndicated
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Exclusivity
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Surcharge
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	for Partially
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Distant
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Stations
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Base Rate Fee First Group \$ 0.00  ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O  ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O	
ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
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	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  Enter here and in block 3, line 1, space L (page 7)  \$	

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
							0	
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 FIF	TY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	'-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							0	
							0	
							······	
Total DSEs			0.00	Total DSEs		1	0.00	
Gross Receipts Third G	roup	<b>c</b>	0.00	Gross Receipts Fourth	Group	<b>e</b>	0.00	
TOTOSS NECEIPIS TIIIU GI	σαρ		0.00	TOTOSS NECEIPIS FOUITI	Οισαρ	\$	<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER  City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	/-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 070.1	202	07.22 0.0.1			202	0.122 0.011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
***************************************								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	quo	<b>\$</b>	0.00	Gross Receipts Second	d Group	<b>\$</b>	0.00	
					<sub> </sub>			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	P	ONE HUNDRED FIR	TY-SIXTH	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 Enter here and in block			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER City of San Bruno	R OF CABLE	E SYSTEM:				SY	7362	Name
			BASE RA	TE FEES FOR EACH				-
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		H	TY-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
								Syndicated Exclusivity
	···							Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second	·	\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP			D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
***************************************								
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	7362	Name
Е	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	San Br	uno Municipal Ca	ble TV	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 463	,251.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	•	\$	0.00	Base Rate Fee Secon	•	\$	0.00	
	THIRD	SUBSCRIBER GROU		<u> </u>	FOURTH	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 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	
			riber group	as shown in the boxes a	bove.		0.00	
Enter here and in block	เ 3, line 1, s	pace ∟ (page 7)				\$	0.00	

LEGAL NAME OF OWNER  City of San Bruno	OF CABLI	E SYSTEM:	•			S	7362	Name
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROL	JP		SIXTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
S	EVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	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 G	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
roı	ap		0.00	Gross Receipts Four  Base Rate Fee Four	th Group		0.00	

LEGAL NAME OF OWI		E SYSTEM:	•			S	7362	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
						.		
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	
	ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN City of San Brun		E SYSTEM:	-			S	7362	Name
				ATE FEES FOR EAC				
TH COMMUNITY/ AREA	HIRTEENTH	SUBSCRIBER GRO	OUP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	9
COMMONT TO AREA			<u> </u>	COMMONT 17 AREA	······································		U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			0.00					
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	
	FIFTEENTH	SUBSCRIBER GRO		 		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	¢	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Dago Nato i ee milu	Отоир	\$	0.00	Dusc Nate 1 66 1 00	iai Oloup	Ψ	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
				E FEES FOR EACH							
9		SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GROU	NTEENTH				
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate			-			-	-				
and											
Syndicate Exclusivi			-				-				
Surcharg											
for											
Partially							-				
Distant			-								
Stations			-				-				
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	oss Receipts First Group \$ 0.0					
	0.00	\$	d Group	Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group							
	JP	SUBSCRIBER GROU	WENTIETH	Т	IP	SUBSCRIBER GROU	NTEENTH	NIN			
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
			-			-					
			-				-				
				Tatal DOF-	0.00			otal DSEs			
	0.00			Total DSEs	0.00						
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G			
		<b>\$</b>	Group			\$	roup	Gross Receipts Third G			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
				TE FEES FOR EACH							
9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GROU	TY-FIRST				
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate		_									
and							-				
Syndicate Exclusive							-				
Surcharg											
for											
Partially							-				
Distant						-	-				
Stations							-				
						-					
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	oss Receipts First Group \$ 0.00					
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>ase Rate Fee</b> First Gr			
	IP	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP	SUBSCRIBER GRO	ΓY-THIRD	TWEN			
	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	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Bross Receipts Third G			
	0.00			i	_						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
				TE FEES FOR EACH							
9		SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH				
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate							-				
and							-				
Syndicate											
Exclusivi Surcharg											
for											
Partially							_				
Distant											
Stations							-				
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts First Group \$ 0.00 Gross Receipts Second							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>ase Rate Fee</b> First Gr			
	JP	SUBSCRIBER GROU	ΓΥ-EIGHTH	TWEN'	JP	SUBSCRIBER GROU	SEVENTH	TWENTY-S			
	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	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G			
	0.00			1							
	0.00										

LEGAL NAME OF OWNE		E SYSTEM:				SY	STEM ID# 7362	Name
				ATE FEES FOR EACH				
	NTY-NINTH	SUBSCRIBER GROU			THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Second	d Group	¢	0.00	
Gloss Receipts Filst C	эгоир	\$	0.00	Gross Receipts Second	и Отоир	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THII	RTY-FIRST	SUBSCRIBER GROU	Р	THIRTY	/-SECOND	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	_							
Base Rate Fee: Add to Enter here and in block			ber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
				TE FEES FOR EAC						
	RTY-THIRD	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate I		
								and		
								Syndicate		
								Exclusivit Surcharg		
								for		
								Partially		
								Distant		
								Stations		
otal DSEs			0.00	Total DSEs			0.00			
oss Receipts First Group \$ 0.0				Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
TH	RTY-FIFTH	SUBSCRIBER GRO	)UP	Т	HIRTY-SIXTH	SUBSCRIBER GROU	JP			
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	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 Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
		e fees for each subspace L (page 7)	scriber group	as shown in the boxes	s above.	•				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (	В			
0	JP	SUBSCRIBER GROU	ΓΥ-EIGHTH	THIR	JP	SUBSCRIBER GROU	SEVENTH	THIRTY-S			
9 Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate							-				
and							-				
Syndicate Exclusivi							-				
Surcharg							-				
for											
Partially							-				
Distant							-				
Stations											
							-				
							-				
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	d Group	Gross Receipts Secor	0.00	oss Receipts First Group \$ 0.0					
	0.00	Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$									
	JP	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GROU	ΓY-NINTH	THIR			
	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	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G			
				Ī							

9		BED CDOLID	01150051				LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
9				TE FEES FOR EACH													
9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	TY-FIRST										
Computat	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA									
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN									
Base Rate																	
and																	
Syndicate Exclusive					<u> </u>												
Surcharg																	
for																	
Partially																	
Distant																	
Stations					<u> </u>												
	0.00			Total DSEs	0.00			otal DSEs									
	0.00	\$	d Group	Gross Receipts Secor	0.00	oss Receipts First Group \$ 0.00											
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	<b>ase Rate Fee</b> First Gr									
	JP	SUBSCRIBER GROU	Y-FOURTH	FORT	JP	SUBSCRIBER GRO	TY-THIRD	FOR									
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA									
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN									
					<u> </u>												
	0.00			Total DSEs	0.00			otal DSEs									
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G									
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G									

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362									
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP			
FOF	RTY-FIFTH	SUBSCRIBER GROU	JP	FC	ORTY-SIXTH	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DCFo			0.00		
Gross Receipts First G	ss Receipts First Group \$ 0.0				nd Group	\$	0.00		
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
FORTY-	SEVENTH	SUBSCRIBER GROU	JP	FOR	RTY-EIGHTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
<b>Base Rate Fee</b> 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	II as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362										
				ATE FEES FOR EAC						
	RTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially Distant		
								Stations		
	······									
Total DSEs			0.00	Total DSEs	_		0.00			
Gross Receipts First (	oss Receipts First Group \$ 0.0				Gross Receipts Second Group \$ 0.00					
Base Rate Fee First (	•	\$	0.00	Base Rate Fee Sec		\$	0.00			
	FTY-FIRST	SUBSCRIBER GRO		<del>  </del>		SUBSCRIBER GROU				
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA	4		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
							$\neg \neg  $			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	s above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  7362										
-				ATE FEES FOR EAC			ID			
COMMUNITY/ AREA		SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	<b>0</b>	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								Base Rate Fee		
								and Syndicated		
								Exclusivity		
								Surcharge		
								for Partially		
								Distant		
								Stations		
Total DSEs		<b>'</b>	0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
<b>Base Rate Fee</b> First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	FIFTY-FIFTH	SUBSCRIBER GRO	DUP		FIFTY-SIXTH	I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add			scriber group	as shown in the boxes	s above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  T362										
				ATE FEES FOR EAC				-		
		SUBSCRIBER GRO		<b>†</b>		SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
		SUBSCRIBER GRO		-		SUBSCRIBER GROU				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						.				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362										
				ATE FEES FOR EAC						
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP <b>0</b>	SIX COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	9		
COMMONITY AREA	······································		<u> </u>	COMMONT 17 AREA	······································		U	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								Syndicated		
								Exclusivity		
								Surcharge		
								for Partially		
								Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
S	SIXTY-THIRD	SUBSCRIBER GRO	)UP	SI	(TY-FOURTH	I SUBSCRIBER GROU	JP			
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	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWI City of San Brur		E SYSTEM:	•			S	7362	Name
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP <b>0</b>	9
COMMONT TO AREA			<u>U</u>	COMMONT 17 AREA	······································		U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXT	Y-SEVENTH	SUBSCRIBER GRO	DUP	S	IXTY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

	7362	S				E SYSTEM:	R OF CABLE	LEGAL NAME OF OWNER  City of San Bruno
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	ΓΥ-NINTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							-	
and								
Syndicate Exclusive			-				-	
Surcharg							-	
for								
Partially							-	
Distant								
Stations			-				-	
			-				-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	Y-SECOND	SEVENT	JP	SUBSCRIBER GROU	TY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-				-	
			-				-	
							-	
			-					
			-				-	
			-				-	
				Total DSEs	0.00			otal DSEs
	0.00			Ī				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Bross Receipts Third G
	_	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362								
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
SEVE	NTY-THIRD	SUBSCRIBER GRO	UP	SEVEN	TY-FOURTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						. —		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00					0.00			
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO	UP	SEVE	NTY-SIXTH	SUBSCRIBER GROU	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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN City of San Brune		E SYSTEM:	-			S	7362	Name		
	BLOCK A:			TE FEES FOR EAC						
	'-SEVENTH	SUBSCRIBER GRO		11		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		
								Exclusivity		
								Surcharge		
								for		
								Partially Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First (	Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00					
·										
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
	NTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU	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 Four	th Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add to Enter here and in bloo			criber group	II as shown in the boxes	above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362									
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP			
EIG	HTY-FIRST	SUBSCRIBER GRO	UP	EIGH	TY-SECOND	SUBSCRIBER GROU	JP	^	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
						. —		Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
								Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00					al DSEs  oss Receipts Second Group \$ 0.00				
Gross Receipts First Group ————————————————————————————————————									
Base Rate Fee First 0	•	\$	0.00	Base Rate Fee Seco		\$	0.00		
	HTY-THIRD	SUBSCRIBER GRO		ii —		SUBSCRIBER GROU	_		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWN City of San Brund		E SYSTEM:	•			S	7362	Name
				ATE FEES FOR EAC				
	HTY-FIFTH	SUBSCRIBER GRO		<b>†</b>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								<b>5.4</b>
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (		\$	0.00	Base Rate Fee Sec		\$	0.00	
	-SEVENTH	SUBSCRIBER GRO		<del>                                      </del>		SUBSCRIBER GROU		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE			O	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	-			<u> </u>	•			
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				S	YSTEM ID# 7362	Name
_		COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH	TY-NINTH	SUBSCRIBER GROU	IP		NINTIETH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	ETY-FIRST	SUBSCRIBER GROU			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	1		0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	Group	<b>\$</b>	0.00	
	- · - <del>-</del> - F				- · • • P	·		
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth	ı Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		
	,	5						

LEGAL NAME OF OWN		E SYSTEM:	•			S	7362	Name
				ATE FEES FOR EAC			10	
COMMUNITY/ AREA		SUBSCRIBER GRO	<b>0</b>	COMMUNITY/ ARE		I SUBSCRIBER GROU	JP <b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		

9								City of San Bruno	
0				TE FEES FOR EACH					
<b>G</b>		SUBSCRIBER GROU	ΓΥ-EIGHTH			SUBSCRIBER GROU	SEVENTH		
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
and									
Syndicate Exclusivi							-		
Surcharg									
for									
Partially									
Distant									
Stations									
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.0			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	INDREDTH	ONE HU	JP	SUBSCRIBER GROU	ΓΥ-NINTH	NINE	
	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	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G	
	$\neg \neg  $								
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362								
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
ONE HUNDS	RED FIRST	SUBSCRIBER GROU	JP	ONE HUNDRE	D SECOND	SUBSCRIBER GROU	IP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						. —		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
	····							Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
	roup	<u> </u>			ad Group	•		
Gross Receipts First Group \$ 0.00   Gross Receipts Second Group \$ 0.00								
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362								
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDF	RED FIFTH	SUBSCRIBER GROU	JP	ONE HUND	RED SIXTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	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 C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno  SYSTEM ID# 7362								
B	SLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDR	ED NINTH	SUBSCRIBER GROU	IP	ONE HUNDR	RED TENTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
		_						Exclusivity
								Surcharge
								for Partially
					<u></u>			Distant
								Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secon				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	TWELVTH	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 G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE		E SYSTEM:	•			S	YSTEM ID# 7362	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP			IP	ONE HUNDRED FO	URTEENTH	SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0			0	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
						-		
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED S	SIXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA 0		0	COMMUNITY/ AREA0					
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	n Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00		0.00			
Base Rate Fee: Add the Enter here and in block			riber group	II as shown in the boxes a	above.	\$		

LEGAL NAME OF OWI		E SYSTEM:	•			S	7362	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROUP		†		SUBSCRIBER GROUP		9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
		-						Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs				
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	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I 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		0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth Group \$ 0.00		0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:				
Name	City of San Bruno	7362				
	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 must also 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 500 miles in effect on June 34, 1004.					
Computation	by section 76.5 of FCC rules in effect on June 24, 1981:					
of Base Rate Fee	☐ First 50 major television market ☐ Second 50 major television market					
and	<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</li> </ul>					
Syndicated						
Exclusivity Surcharge						
for						
Partially Distant Stations	1	figures applicable to the particular group. You do not need to show				
	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	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 this subscriber group	total number of DSEs for this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY				
	SURCHARGE First Group	Surcharge 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	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 this subscriber group	total number of DSEs for 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 in the boxes above. Enter here and in block 4, line 2 of space L (page 1) and the boxes above.	or each subscriber group as shown age 7)				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  City of San Bruno	SYSTEM ID#					
		7362					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU						
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as define by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation							
of Base Rate Fee	First 50 major television market Second 50 major television market						
and	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						
Syndicated	this schedule.  Stan 2: In line 2, give the total number of DSEs by subscriber group for the VHE Grade B contour stations, that were classified as						
Exclusivity Surcharge	<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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero.						
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.						
Distant Stations	<b>Step 4:</b> 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.						
	FIFTH SUBSCRIBER GROUP	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	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	this subscriber group subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	First Group	Second Group					
	SEVENTH SUBSCRIBER GROUP	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 total number of DSEs for	and enter here. This is the total number of DSEs for					
	this subscriber group	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 in the boxes above. Enter here and in block 4, line 2 of space L (page						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	City of San Bruno	736				
	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 must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined					
Computation	by section 76.5 of FCC rules in effect on June 24, 1981:					
of Base Rate Fee	First 50 major television market  INSTRUCTIONS:	Second 50 major television market				
and	<ul> <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</li> </ul>					
Syndicated						
Exclusivity Surcharge						
for						
Partially Distant Stations		s figures applicable to the particular group. You do not need to show				
	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	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 this subscriber group	total number of DSEs for this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE				
	First Group	Second Group				
	ELEVENTH SUBSCRIBER GROUP	TWELVTH 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 total number of DSEs for	and enter here. This is the total number of DSEs for				
	this subscriber group	this subscriber group				
	subject to the surcharge	subject to the surcharge				
	computation	computation				
	SYNDICATED EXCLUSIVITY SURCHARGE	SURCHARGE				
	Third Group	Fourth Group				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge in the boxes above. Enter here and in block 4, line 2 of space L (p	for each subscriber group as shown age 7)				

Name	City of San Bruno	SYSTEM ID#				
	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 must also 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:    First 50 major television market   Second 50 major television market     Second 50 major television     Second 50 major					
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations						
	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 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
	First Group	Second Group				
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP				
	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 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 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 each in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown 7)				