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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/24/21	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2020/2			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts. Check here if this is the system's first filling. If not, enter the system's ID	es of the cable system on the last day of the unting period.	m. e accounting period should sui	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Illinois Bell Telephone Company			
				06310220202
				063102 2020/2
	2260 E Imperial Hwy Room 839			
	El Segundo, CA 90245			
С	INSTRUCTIONS: In line 1, give any business or trade names used to			
	names already appear in space B. In line 2, give the mailing address o	of the system, if dif	ferent from the address giv	en in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b
Area	with all communities.	•	•	1 0
Served	CITY OR TOWN	STATE		
First	Champaign	IL		
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
,	Alliance	MD	В	2
	Gering	MD	В	3

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

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063102 Illinois Bell Telephone Company Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# IL Champaign **First** Champaign Unincorporated County IL Community **Danville** IL **Decatur** IL Grandview IL Harristown IL ΪL Jerome See instructions for **Leland Grove** IL additional information on alphabetization. **Macon Unincorporated County** IL IL **Mount Zion** IL Sangamon Unincorporated County Savoy IL Add rows as necessary. Sherman IL IL **Springfield** IL **Tilton** ΪL Urbana Vermilion Unincorporated County IL

. 1	1
L	

063102

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Illinois Bell Telephone Company

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.

BLOCK 1					BLOCK 2			
	NO. OF			Π		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ш	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:				П				
Service to first set	4,204	\$	19.00	اا	HD Tech Fee	2,560	\$ 10.00	
Service to additional set(s)		ļ			Set-Top Box	4,223	\$0-\$15	
• FM radio (if separate rate)		ļ			Broadcast TV Surcharge	4,204	\$8.99-\$9.99	
Motel, hotel		ļ						
Commercial	19	\$	20.00	11				
Converter		ļ		11				
Residential		ļ		11				
Non-residential		ļ		11				
		·····		1 ŀ				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel		Video on Demand	\$0-\$100	
Pay cable—add'l channel	\$5-\$199	Commercial		Service Activation Fee	\$0-\$35	
Fire protection		Pay cable		Credit Management Fee	\$0-\$449	
Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99	
Installation: Residential		Fire protection		Wireless Receiver	\$0 - \$49	
• First set	\$0-\$199	Burglar protection		HD Premium Tier	\$10	
Additional set(s)		Other services:		DVR Upgrade Fee	\$105	
• FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	\$7	
Converter		Disconnect		Program Downgrade Fee	\$ 5.00	
		Outlet relocation	\$0-\$55	Non-Return Eqpt Fee	\$0-\$150	
		Move to new address				

LEGAL NAME OF OWN					A./A						
					SYSTEM ID#	Name					
Illinois Bell Tel	ephone Con	npany			063102						
PRIMARY TRANSMITTE	RS: TELEVISIO	N									
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream	system during the cons in effect on a factor of the constant o	te accounting June 24, 198 4), or 76.63 (red in the next prespect to any tions, or authors G—but do list itute basis. The state of the	period, except (1, permitting the eferring to 76.61) aragraph. distant stations vizations: it in space I (the ion was carried the basis stations eport origination priding to its over	I) stations carried carriage of certain (e)(2) and (4))]; and carried by your carried by your carried both on a substitute, see page (v) of program services rethe-air designation.	and low power television stations) only on a part-time basis under n network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the te basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example	G Primary Transmitters: Television					
WETA-simulcast).	r-Z . Oimuloust (oti camo mast	be reported in ot	Julii I (list casii	Stream separately, for example						
its community of licens on which your cable sy Column 3: Indicate educational station, by	e. For example retem carried the in each case we entering the let	, WRC is Cha e station. whether the sta tter "N" (for ne	nnel 4 in Washir ation is a networl twork), "N-M" (fo	ngton, D.C. This n k station, an indep or network multica	on for broadcasting over-the-air in may be different from the channel bendent station, or a noncommercial st), "I" (for independent), "I-M" nmercial educational multicast).						
For the meaning of the	se terms, see p	age (v) of the	general instruct	ions located in the	e paper SA3 form.						
			·	•	s". If not, enter "No". For an ex-						
planation of local servi Column 5: If you ha		• , ,			paper SA3 form. ating the basis on which your						
cable system carried th	ne distant statio	n during the a	ccounting period	I. Indicate by ente	ring "LAC" if your cable system						
carried the distant stat	•										
					payment because it is the subject em or an association representing						
-				-	transmitter, enter the designa-						
•			•		er basis, enter "O." For a further						
explanation of these th	ree categories,	see page (v)	of the general in	structions located	in the paper SA3 form.						
				-	to which the station is licensed by the						
					which the station is identifed.						
Note: If you are utilizing	g multiple chan	nei iine-ups, u	se a separate s	oace G for each c	nannei iine-up.						
		CHANN	EL LINE-UP	AA							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE						
WAND/WANDHD	17/1017	N	No								
WBUI/WBUIHD	23/0123	<u>.</u>			Decatur, IL						
WCIA/WCIAHD		VBUIHD 23/0123 I No Decatur, IL									
	WCIAID 3/1003 N NO Champaign, iL										
					Decatur, IL Champaign, IL	 See instructions for additional information or alphabetization.					
WCIX	49	ı	No No		Decatur, IL Champaign, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD	49 41/1041	I N	No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL	additional information or					
WCIX WICD/WICDHD	49	ı	No No		Decatur, IL Champaign, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD	49 41/1041	I N	No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD	49 41/1041 20/1020	I N N	No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD	49 41/1041 20/1020 12/1012	I N N	No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD	49 41/1041 20/1020 12/1012 45	I N N	No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information or					
WCIX WICD/WICDHD WICS/WICSHD WILL/WILLHD WLCF-LD WRSP/WRSPHD	49 41/1041 20/1020 12/1012 45 55/1055	I N N E I	No No No No No No		Decatur, IL Champaign, IL Springfield, IL Champaign, IL Springfield, IL Urbana, IL Decatur, IL Springfield, IL	additional information o					

LEGAL NAME OF OWNER OF CABLE SYS	STEM:			SYSTEM ID#	.,						
Illinois Bell Telephone Com	npany			063102	Name						
PRIMARY TRANSMITTERS: TELEVISION	N										
In General: In space G, identify every carried by your cable system during the FCC rules and regulations in effect on	e accounting	period, except (1) stations carried	only on a part-time basis under	G						
76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explained	1), or 76.63 (red in the next pa	eferring to 76.61(aragraph.	e)(2) and (4))]; an		Primary Transmitters: 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.											
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 seach multicast stream associated with	a station acco	ording to its over	-the-air designatio	n. For example, report multi-							
cast stream as "WETA-2". Simulcast s WETA-simulcast). Column 2: Give the channel numb		•	`								
its community of license. For example on which your cable system carried the Column 3: Indicate in each case we	e station.		,	ay be different from the channel							
educational station, by entering the let (for independent multicast), "E" (for no For the meaning of these terms, see p Column 4: If the station is outside planation of local service area, see pa	tter "N" (for ne encommercial page (v) of the the local servi	twork), "N-M" (fo educational), or ' general instructi ce area, (i.e. "di	r network multicas "E-M" (for noncom ons located in the stant"), enter "Yes	et), "I" (for independent), "I-M" mercial educational multicast). paper SA3 form. ". If not, enter "No". For an ex-							
Column 5: If you have entered "Ye cable system carried the distant statio carried the distant station on a part-tin	es" in column 4 n during the a	1, you must com ccounting period	plete column 5, sta . Indicate by enter	ating the basis on which your ing "LAC" if your cable system							
For the retransmission of a distant of a written agreement entered into on the cable system and a primary transmition "E" (exempt). For simulcasts, also explanation of these three categories, Column 6: Give the location of each	or before Jurnitter or an associated or enter "E". If yosee page (v)	ne 30, 2009, betwood to sociation repression carried the choof the general in:	veen a cable syste enting the primary nannel on any othe structions located	em or an association representing transmitter, enter the designa- er basis, enter "O." For a further							
FCC. For Mexican or Canadian station Note: If you are utilizing multiple chan			•								
	CHANN	EL LINE-UP	AB								
1. CALL 2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION							

	AL NAME OF OWNER OF CABLE SYSTEM: nois Bell Telephone Company		SYSTEM ID# 063102	Name				
Inst all a (as pag	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Statement in space P concerning gross receipts. (Amount of gross receipts)							
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)					
• Con • Con • If you fee: • If you accompany	RIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. In system did not carry any distant television stations, leave block 3 blank. Enter the amount of the carry any distant television stations, leave block 3 blank. Enter the amount of the carry any distant television stations, you must complete the applicable part of the carry any distant television stations, you must complete the applicable part of the carry and attach the schedule to your statement of account.	s of the DSE Sched		L Copyright Royalty Fee				
١ ٠	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ask 3 below.	entered on line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en elow.	tered on line 2 in blo	ock					
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line						
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or moleast the minimum fee, regardless of whether they carried any distant stations. This fee is 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	\$ 1	,683,282.26					
	Enter the result here. This is your minimum fee.	\$	17,910.12					
1	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. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	4, you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	<u>-</u>					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	-					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	17,910.12	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	18,635.12	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form for more information.)	page (i) of the						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Illinois Bell Telephone Company	063102
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable sy	tem carried television broadcast stations
	to its subscribers and (2) the cable system's total number of activated of	hannels, during the accounting period.
Channels		
	Enter the total number of channels on which the cable system carried television broadcast stations	18
	System curred television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	612
	and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Idea we can contact about this statement of account.)	tify an individual
Be Contacted for Further	Name Myriam Nassif	Telephone 310-964-1930
Information	Name myriain Nassii	100piolio 310-304-1330
	Address 2260 E Imperial Hwy Room 839	
	(Number, street, rural route, apartment, or suite number)	
	El Segundo, CA 90245 (City, town, state, zip)	
	(Oily, town, state, zip)	
	Email mn112s@att.com	Fax (optional
	CERTIFICATION (This statement of account must be certifed and signed in accor	dance with Copyright Office regulations.)
0		
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 identified in line 1 of space Ry or
		System do recitated in line 2 of speece 3, or
	(Agent of owner other than corporation or partnership) I am the di	
	in line 1 of space B and that the owner is not a corporation or partr	
	(Officer or partner) I am an officer (if a corporation) or a partner (if in line 1 of space B.	a partnership) of the legal entity identifed as owner of the cable system
	I have examined the statement of account and hereby declare under penalty are true, complete, and correct to the best of my knowledge, information, are [18 U.S.C., Section 1001(1986)]	
	X /s/ Michael Santogrossi	
		"/s/" signature to certify this statement. slash of the /s/ signature, place your cursor in the box and press the "F2" putton will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: Michael Santogro	ssi
	Title: Vice President – Finance (Title of official position held in corporation	or partnership)
	Date: February 24, 2021	
(

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Illinois Bell Telephone Company	063102	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system section of the secondary transmissions put the secondary transmiss	e system for the basic tem shall not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the gen paper SA3 form.	eral instructions in the	Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for s made by satellite carriers to satellite dish owners?	econdary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment of an explanation of interest assessment, see page (viii) of the general instructions in the page.		Q
Line 1 Enter the amount of late payment or underpayment	Y	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest sharge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	(interest charge) further assistance 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 please list below the owner, address, first community served, accounting period, and ID number 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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

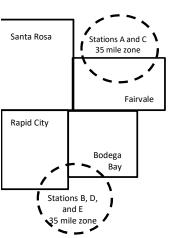
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 o		
	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)	0.25	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

\$6,384.00								
	Second Subscriber Group		Third Subscriber Group					
	(Rapid City and Bodega Bay)		(Fairvale)					
\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00				
2.472	DSEs	1.083	DSEs	1.389				
\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03				
3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80				
3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23				
\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03				
	2.472 \$6,497.20 3,298.40 3,198.80	\$310,000.00 Gross receipts 2.472 DSEs \$6,497.20 Base rate fee 3,298.40 \$170,000 x .01064 x 1.0 = 3,198.80 \$170,000 x .00701 x .083 =	\$a10,000.00 Gross receipts \$170,000.00 2.472 DSEs 1.083 \$6,497.20 Base rate fee \$1,907.71 3,298.40 \$170,000 x .01064 x 1.0 = 1,808.80 3,198.80 \$170,000 x .00701 x .083 = 98.91	Second Subscriber Group (Rapid City and Bodega Bay) Third Subscriber Group (Fairvale)				

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: 2020/2

DSE SCHEDULE. PAGI	· · · · · · · · · · · · · · · · · · ·				0)	CTEM ID#						
1	LEGAL NAME OF OWNER OF CABL				5	YSTEM ID#						
-	Illinois Bell Telephone	Company				063102						
	SUM OF DSEs OF CATEGO	RY "O" STATIO	NS:									
	Add the DSEs of each station.											
	Enter the sum here and in line	0.00										
	Instructions:	0'										
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
C	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
Computation of DSEs for	mercial educational station, gi			SE as 1.0, lore	acii network or noncom-							
Category "O"	mercial educational station, gi	ve the DOL as .	CATEGORY "O" STATION	ONE: DEE								
Stations	CALL SIGN	T DOE	11		CALL CICAL	DOE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.		-										
Remember to copy all		<mark></mark>		·····								
formula into new												
rows.												
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Nama	LEGAL NAME OF C	WNER OF CABLE SYSTEM:					S	YSTEM ID#
Name	Illinois Bell 1	Telephone Company						063102
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	st the call sign of all distar : For each station, give th correspond with the inform : For each station, give th : Divide the figure in colur at least to the third decim : For each independent st	ne number of hours nation given in space total number of hom 2 by the figure in all point. This is the tation, give the "typumn 4 by the figure	your cable system 2e J. Calculate only ours that the station on column 3, and giv "basis of carriage e-value" as "1.0." Fi in column 5, and g	carried the station one DSE for each n broadcast over the the result in decivalue" for the station each network of the result in control or each network of the result in the resul	during the accounting pen station. he air during the accounticimals in column 4. This fion. on. or noncommercial education.	ng period. gure must onal station, than the	
Capacity		(CATEGORY LA	C STATIONS:	COMPUTATIO	ON OF DSEs	,	
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	IRS (NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DS	E
			÷		=	x	=	
			÷			x	=	
			÷		=	x	=	
			÷		=	x x	=	
			÷			x		
			÷	-	=	x	=	
	Add the DSEs	of CATEGORY LAC ST of each station. m here and in line 2 of pa		9,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each start by your system in substit ct on October 19, 1976 (a me or more live, nonnetwo). For each station give the rather than the figure should corresponder the number of days. Divide the figure in column This is the station's DSE (ution for a program is shown by the lett rk programs during number of live, non pond with the inform in the calendar year 2 by the figure in	that your system wer "P" in column 7 of that optional carriage metwork programs of nation in space I. r: 365, except in a locolumn 3, and give	vas permitted to de of space I); and se (as shown by the carried in substitute leap year. the result in colun	elete under FCC rules and word "Yes" in column 2 of tion for programs that wer	e deleted an the third	
		SU	JBSTITUTE-BA	SIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		<u> </u>		=		÷		=
		÷				÷		=
		-	-	=		÷		=
		÷				÷		=
	Add the DSEs	OF SUBSTITUTE-BASIS	S STATIONS:			0.00		
5 Total Number of DSEs	number of DSE: 1. Number 2. Number	R OF DSEs: Give the amos applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ●		s in parts 2, 3, and 4	of this schedule a	nd add them to provide the	0.00 0.00 0.00	
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF O							S	YSTEM ID# 063102	Name
In block A: • If your answer if 'schedule.	ck A must be comp "Yes," leave the re	mainder of pa	•	of the DSE sched	ule blank and	complete part t	3, (page 16) of the	;	6
ii your answer ii	140, complete blo	oko B ana O i		TELEVISION MA	ARKETS				Computation of
effect on June 24, Yes—Com	m located wholly ou 1981? uplete part 8 of the olete blocks B and	schedule—D C below.	O NOT COMP		NDER OF PAI	RT 6 AND 7.	C rules and regula	ations in	3.75 Fee
		BLO	JN B. CANN	IAGE OF PERI	WILLED DO	<u></u>			1
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Scheo	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanation	on of permitted	stations, see the	•	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED CARRIAGE A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet 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	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of I	OSEs from p	oart 5 of this s	chedule				-	
Line 2: Enter the	sum of permitted	DSEs from	block B abov	/e					
Line 3: Subtract (If zero, le	line 2 from line 1. eave lines 4–7 bl			,		ite.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here				х		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line (3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	, block 3, space I	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company SYSTEM ID# 063102										
		BLOCK	A: TELEVI	SION MARKETS	S (CONTINI	JED)				
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 o 3.75 Fee	
				I						

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 14.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Illinois Bell Telephone Company 063102 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 Worksheet for 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. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT CARRIAGE SIGN DSE **PERIOD** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C. No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Illinois Bell Telephone Company	SYSTEM ID# 063102	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,683,282.26	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? 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	SE.	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on	_	
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. 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. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 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		

N	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	ı	Illinois Bell Telephone Company	063102							
7	Section 4b	If the figure is costion 2 line C is more than 4,000 compute your curebarge here and leave costion 4s blank								
	40	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)								
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge								
	Instru	ctions:								
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	art							
		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation	1	r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.								
of		ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low							
Base Rate Fee	blank What i	i s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	cal							
	service	e area," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.								
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1	Enter the amount of gross receipts from space K (page 7)	2.26							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes,"								
		use the total number of DSEs from part 5.)	0.00							
	Section 3									
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.								
		A. Enter 0.01064 of gross receipts (the amount in section 1)	<u>-</u>							
		B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ 11,799.81								
		C. Subtract 1.000 from total DSEs								
		(the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here	<u>-</u>							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee								
		<u>-</u> μ	<u></u>							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

	AME OF OWNER OF CABLE SYSTEM: S Bell Telephone Company	SYSTEM ID# 063102	Name
Section 4	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) \$ \$		0
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) > \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	_	
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,		
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ac on, you must:		Computation of
			Base Rate Fee and
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel ble system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
•	For each community served, determine the local service area of each wholly distant and each partially distant statito that community.	ion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that station, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	em's subscriber	
	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	n parts 2, 3, and	
2) any	s schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bl 6 of this schedule.	lock B,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page. DSEs f	wite a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the particular subscriber group (that making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063102 Illinois Bell Telephone Company Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Illinois Bell Teleph						•	063102	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROUP	0	COMMUNITY/ AREA	SECOND	SUBSCRIBER GRO	UP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
					····			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	 				····			
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$ 1,683	,282.26	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROUP)		FOURTH	SUBSCRIBER GRO	UP	
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	h Group	\$	0.00	
•					-			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			per group as	s shown in the boxes ab	ove.	\$	0.00	

LEGAL NAME OF OWN						S	063102	Name
				TE FEES FOR EAC				
00144411444		SUBSCRIBER GRO				H SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			·····					Distant Stations
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHT	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	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	s		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Illinois Bell Teleph						\$	063102	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	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
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 1,683	3,282.26	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	JP 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 Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			iber group a	s shown in the boxes a	above.	\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWN Illinois Bell Telep						•	063102	Name
		: COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 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	
		SUBSCRIBER GRO	UP 0			H SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			U	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Illinois Bell Telephone Company 063102 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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: Computation First 50 major television market Second 50 major television market of **INSTRUCTIONS: Base Rate Fee** 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 and **Syndicated** this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 DSFs for total number of DSFs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Illinois Bell Telephone Company 063102 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 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: Computation First 50 major television market Second 50 major television market of **INSTRUCTIONS: Base Rate Fee** 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 and **Syndicated** this schedule. **Exclusivity** 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 Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** 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 this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 and enter here. This is the total number of DSFs for total number of DSFs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

C	Cable Worksi	heet	Total amount of remittance	Number of SAs rec	'd Initials
			Date of remittance	- □Check □EFT	☐FILING FEES
Cable ID #					Amount Initials
Examined by	Reviev	wed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□ January 1 - Jun	ne 30, 2017		July 1 - December 31, 2017	
	☐ Letter sent			Information received	
	□ Accepted			Phone call/Date/Contact	
Space B Owner					
	☐ Letter sent			Information received	
	□Accepted			Phone call/Date/Contact	
Space D Area Served					
	□ Letter sent			Information received	
	□Accepted			Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	□ Letter sent			Information received	
and Rates	□Accepted			Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	□ Letter sent			Information received	
	□ Accepted			Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	□Accepted			Phone call/Date/Contact	

		Space I Substitute
		Carriage
☐ Letter sent	☐ Information received	
□Accepted	☐ Phone call/Date/Contact	
		Space J
		Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
□Accepted	☐ Phone call/Date/Contact	-
		Space K
		Gross Receipts
		_
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L
		Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
□Accepted	☐ Phoe call/Date/Contact	
		Space M
		Channels
	☐ Information received	-
□ Accepted	☐ Phone call/Date/Contact	-
<u> </u>		Space O
		Certification
		_
☐ Letter sent	☐ Information received	
□Accepted	☐ Phone call/Date/Contact	
		Space P
		Statement of Gross Receipts
☐ Letter sent	☐ Information received	1
□ Accepted	☐ Phone call/Date/Contact	-
		Space Q
		Interest
		Assessment
☐ Letter sent	☐ Info/add'l fee received	
□ Accepted	☐ Phone call/Date/Contact	