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

Return completed workbook by email to:

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

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

| OFFICE USE ONLY |
|-------------------|
| AMOUNT |
| \$ |
| ALLOCATION NUMBER |
| |
| |

coplicsoa@copyright.gov

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

| LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CITY OF MONROE 4561202 | Α | AC | COUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | |
|--|----------------------|---|---|----------------------------|-------------------------------------|--------------|--------|--|--|--|--|
| B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of nonther corporation. Use taray other name or names under which the owner conducts the business of the cable system. Give the full corporation. List any other name or names under which the owner conducts the business of the cable system. If there wave different owner during the accounting period in the list day of the accounting period should submit a signed statement of account and royally the payment covering the entire accounting period should submit a signed statement of account and royally the payment covering the entire accounting period and the list day of the accounting period should submit a signed statement of account and royally the payment covering the entire accounting period and the list day of the accounting period and the accounting period and the list day of the accounting period and the list day of the accounting period and the list day of the accounting the accounting period and the list day of the accounting the accounting day accounting the accounting day accounting and the accounting the accounting day accounting the accounting day accounting the accounting day accounting betwere the accounting day accounting the accounting day acco | - | | 2021/1 | | | | | | | | |
| CITY OF MONROE 4561 2021 4561 2021 4561 2021 P. O. Box 725 Monroe, GA 30655-0725 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 DENTIFICATION OF CABLE SYSTEM: 2 MALING ADDRESS OF CABLE SYSTEM: 2 MALING ADDRESS OF CABLE SYSTEM: 2 Malung appress or complete space D instructions, see page 1b. identify only the frst community served below and relist on page 1b with all communities. Citry OR TOWN STATE First Citry OR TOWN Below is a sample for reporting communities if you report multiple channel line-ups in Space G. Citry OR TOWN (SAMPLE) STATE Sample MD A Adda 1 Adda MD 8 <th>_</th> <th colspan="10">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.</th> | _ | 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. | | | | | | | | | |
| A561202 4561202 <td< th=""><th></th><th>LE</th><th>EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</th><th></th><th></th><th></th><th></th></td<> | | LE | EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | |
| 4561 2021 P. O. Box 725 Monroe, GA 30655-0725 C System 1 DENTIFICATION OF CABLE SYSTEM: 2 (Humber, street, rural route, spatnent, or sulte number) (Edity, town, state, space) Barrea Served First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample Ada Adita Adita Adita Adita Adita | | | CITY OF MONROE | | | | | | | | |
| P. O. Box 725 Monroe, GA 30655-0725 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Mailing address of cable system. 2 Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Community CITY OR TOWN STATE Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Adda MD A Mola 1 Privacy Act Notice: Section 111 of tile 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. PI is any personal information that can be used to identify or trace an individual, such as name, address and telephone | | | | | | 456 | 120211 | | | | |
| Monroe, GA 30655-0725 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System Immes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space G. Immes already appear in space B. Immes already appear in space B. Immes already appear in space B. Immes already appear in space G. Immes already appear in space B. Immes already appear in space G. Immes already appear in space B. Immes already appear in space G. Immes already appear is a sample for reporting communities if you report multip | | | | | | 4561 | 2021/1 | | | | |
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| 2 (Number, street, rural route, apartment, or sulte number) (City, town, state, zip code) Area Served Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area Served CITY OR TOWN First Community CITY OR TOWN Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample Alda Alda Alliance Gering MD Below is 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 | System | 1 | IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | |
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| Area Served with all communities. First MONROE GA Formunity Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD A 1 Alliance MD B 2 Gering MD B 3 | | | (City, town, state, zip code) | | | | | | | | |
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| 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 | Privacy Act Notice | : Sec | ction 111 of title 17 of the United States Code authorizes the Copyright Offce to collect | the personally identifyin | g information (PII) requested on th | nis | | | | | |
| 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 | form in order to pro | cess | your statement of account. PII is any personal information that can be used to identify | or trace an individual, si | uch as name, address and telepho | one | | | | | |
| 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 | | 0 | | | • | n | | | | | |
| 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. | | | | • • | | | | | | | |

| | CV3E | PAGE | 1h |
|--------|-------|------|-----|
| -URIVI | SAJE. | PAGE | ID. |

| FORM SA3E. PAGE 1b. | | | | |
|--|--------------------------------------|--|------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | |
| CITY OF MONROE | | | 4561 | |
| Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first | rated communitie community that y | s within unincorpo ou list will serve a | orated | D Area Served |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town. | e parks should be | reported in paren | theses | |
| If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rele designated by a number (based on your reporting from Part 9). | column blank. If | you report any sta | tions | |
| When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be | a subscriber grou | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | |
| MONROE | GA | Α | 1 | First |
| GOOD HOPE | GA | A | 1 | Community |
| TOWN OF BETWEEN | GA | Α | 1 | |
| TOWN OF BOSTWICK | GA | Α | 1 | |
| | | | | |
| | | | | See instructions for |
| | | | | additional information on alphabetization. |
| | | | | on alphabetization. |
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| | | | | Add rows as necessary. |
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| | LEGAL NAME OF OWNER OF CABL | E SYSTEM: | | | | | | S | YSTEM ID# | | | |
|------------------------|--|--|---------|------------------------------|-------------|-------------------|--------------|-------------------|-----------|--|--|--|
| Name | CITY OF MONROE | | | | | | | | 4561 | | | |
| | | | | | | | | | | | | |
| E | 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 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Secondary | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the | | | | | | | | | | | |
| Transmission | last day of the accounting period (June 30 or December 31, as the case may be). | | | | | | | | | | | |
| Service: Sub- | Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | | | |
| scribers and Rates | , , | down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged | | | | | | | | | | |
| Rales | separately for the particular serv | | | | | | | schargeu | | | | |
| | Rate: Give the standard rate c | | | | | | | ge and the | | | | |
| | unit in which it is generally billed | · · | | , | ny standar | d rate variation | s within a | particular rate | | | | |
| | category, but do not include disc Block 1: In the left-hand block | | | | rios of soc | andany transmis | sion convi | co that cable | | | | |
| | systems most commonly provide | | | • | | | | | | | | |
| | that applies to your system. Note | | | | | | | | | | | |
| | categories, that person or entity | should be cour | nted as | a subscriber in | each appl | icable category | . Example | : a residential | | | | |
| | subscriber who pays extra for ca | | | | | in the count ur | nder "Serv | ice to the | | | | |
| | first set" and would be counted of Block 2: If your cable system h | | | | | service that are | different | from those | | | | |
| | printed in block 1 (for example, t | | | | | | | | | | | |
| | with the number of subscribers a | | | | | • | , | - | | | | |
| | sufficient. | | | | | | | | | | | |
| | BLO | OCK 1 NO. OF | - | | | | BLO | CK 2 NO. OF | | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE | | | |
| | Residential: | | | | - | | - | | | | | |
| | Service to first set | | 2,537 | \$ 38.28 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | 310 | \$ 5.00 | | | | | | | | |
| | Commercial | | | | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | Residential Non-residential | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | | 3 | | | | | | | |
| - | In General: Space F calls for rat | | | | | l your cable sys | tem's serv | vices that were | | | | |
| F | not covered in space E, that is, t | | | | | | | | | | | |
| Samiana | service for a single fee. There ar | • | | | 0 | | 0 (| , | | | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the un | | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | 2 | | a.gea en a ran | an 10 h 21 h | i ogi alli saolo, | | | | |
| Transmissions: | Block 1: Give the standard rat | | | | | | | | | | | |
| Rates | Block 2: List any services that listed in block 1 and for which a | | | | - | | | | | | | |
| | brief (two- or three-word) descrip | | | | SHEU. LISU | lilese olilei sei | | e lonn of a | | | | |
| | | | | | | | | | | | | |
| | CATEGORY OF SERVICE | BLO RATE | | GORY OF SER | VICE | RATE | CATEG | BLOCK 2 | RATE | | | |
| | Continuing Services: | UATEO | | | | | | | | | | |
| | Continuing Services: Installation: Non-residential • Pay cable \$ 14.65 | | | | | | | | | | | |
| | • Pay cable—add'l channel | | | | | | | | | | | |
| | Fire protection | | | | | | | | | | | |
| | •Burglar protection | | | | | | | | | | | |
| | Installation: Residential | | • Fir | e protection | | | | | | | | |
| | • First set | \$ 25.00 | • | rglar protectior | I | | | | | | | |
| | Additional set(s) Solutional set(s) Solutional set(s) Solutional set(s) Solutional set(s) Solutional set(s) Solutional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | econnect | | \$ 20.00 | | | | | | |
| | • Converter | | • | sconnect Itlet relocation | | \$ 25.00 | | | | | | |
| | | | _ | ove to new add | 229 | \$ 25.00 | | | | | | |
| | | | - 1010 | | 000 | | | | | | | |

FORM SA3E. PAGE 2.

| | | STEM: | | | SYSTEM ID# | Name |
|--|--|---|--|---|--|---|
| CITY OF M | | | | | 4561 | |
| | MITTERS: TELEVISIO | | | | | |
| | | | | | and low power television stations) d only on a part-time basis under | G |
| | | | | | ain network programs [sections | Ū |
| | ., .,,, | , , | - | 1(e)(2) and (4))]; a | and (2) certain stations carried on a | Primary |
| | am basis, as explaine asis Stations: With i | | ••• | s carried by your o | able system on a substitute program | Transmitters: Television |
| | cifc FCC rules, regula | | | | | relevision |
| | | | t it in space I (th | e Special Statem | ent and Program Log)—if the | |
| | arried only on a subs here, and also in spa | | ation was carried | l both on a substi | tute basis and also on some other | |
| basis. For fur | ther information conc | | | | f the general instructions located | |
| in the paper S Column 1: Li | | sian. Do not r | eport origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | - | | | tion. For example, report multi- | |
| | | streams must | be reported in | column 1 (list eac | h stream separately; for example | |
| VETA-simulcast Column 2: Gi | , | per the FCC h | as assigned to | the television stat | ion for broadcasting over-the-air in | |
| | | | - | | may be different from the channel | |
| • | able system carried th | | ation is a nature | rk station on inde | prendent station or a noncommercial | |
| | | | | | ependent station, or a noncommercial ast), "I" (for independent), "I-M" | |
| | | | | | ommercial educational multicast). | |
| - | of these terms, see | | - | | | |
| | il service area, see pa | | | , | es". If not, enter "No". For an ex- e paper SA3 form. | |
| Column 5: If | you have entered "Ye | es" in column | 4, you must cor | nplete column 5, | stating the basis on which your | |
| - | rried the distant station nt station on a part-tir | - | ÷ . | • | tering "LAC" if your cable system | |
| | | | | | capacity. | |
| | ismission of a distant | multicast stre | eam that is not s | subject to a royalty | payment because it is the subject | |
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| Name | LEGAL NAME OF C | | E SYSTE | М: | | | | SYSTEM ID# 4561 | | | | | | |
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| H Primary Transmitters: Radio | PRIMARY TRANSMITTERS: RADIO 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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 | | | | | | | | | | | | | |
| | | | | he community with which the | | | . , | | | | | | | |
| | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | | | | | | |
| | NONE | | | | | | | | | | | | | |
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| ACCOUNTING | PERIOD: | 2021/1 |
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| LEGAL NAME OF OWNER OF | CABLE SYST | EM: | | | | SYSTEM ID# | |
|--|---|---|---|---|--|--|---|
| CITY OF MONROE | | | | | | 4561 | Name |
| SUBSTITUTE CARRIAGE | E: SPECIA | | NT AND PROGRAM LOG | ì | | | |
| In General: In space I, ident substitute basis during the a explanation of the programm | ccounting pe | eriod, under spe | ecific present and former FC | C rules, regul | ations, or authorization | s. For a further | Substitute |
| 1. SPECIAL STATEMEN | | | | e general mot | | | Carriage: |
| During the accounting per broadcast by a distant stat | iod, did you | | | s, any nonne | twork television progra | am XNo | 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 ' | ʻYes," you mu | ust complete the progr | am | |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitiles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a gram was substituted for pr | ce, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static hadian static th and day ve "5/7." es when the Example: a er "R" if the and regulatio ogramming | attach addition nnetwork telev ion and that yo or authorization to use general (3A Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du | al pages. ision program (substitute p our cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra uring the accounting period | rogram) that, d for the prog eral instruction "basketball" lo." m. station is lice station is lice program. Use cable system. 15 p.m. to 6:2 mming that y l; enter the le | during the accounting pramming of another si- ons located in the pape . List specific program ensed by the FCC or, in ntified). . List the times accurat 28:30 p.m. should be rour system was requir tter "P" if the listed pro | g tation er n n onth tely red | |
| effect on October 19, 1976. | | | | WHE | EN SUBSTITUTE | 7. REASON | |
| 1. TITLE OF PROGRAM | UBSTITUT 2. LIVE? | E PROGRAM | | 5. MONTH | 6. TIMES | FOR DELETION | |
| 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | | |
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FORM SA3E. PAGE 5.

| Name | LEGAL NAME OF C | | SYSTEM: | | | | S | YSTEM ID# 4561 | | | | |
|-----------------------------------|--|--|--|---|--|---|--|-------------------|--|--|--|--|
| J Part-Time Carriage Log | time carriage du hours your syste Column 1 (Ca column 5 of spa Column 2 (Da curred during the Give the month "4/10." • State the starti television station "app." Example: | s space ties in v e to lack of acti em carried that all sign): Give i ce G. ates and hours e accounting pe h and day when ing and ending in 's broadcast da "12:30 a.m 3 | vated channel ca station. If you nee the call sign of ev s of carriage): Fo eriod. the carriage occu times of carriage ay, you may give :15 a.m. app." | pacity, you are req ed more space, ple- ery distant station r each station, list urred. Use numeral to the nearest quar an approximate en | uired to complete ase attach additio whose basis of ca the dates and hou s, with the month ter hour. In any c ding hour, followe | nal pages. rriage you identifie rrs when part-time first. Example: for | s "LAC" for part- the total dates and ntified by "LAC" in me carriage oc- : for April 10 give iage ran to the end of the viation | | | | | |
| | | | DAT | ES AND HOURS (| OF PART-TIME C | ARRIAGE | | | | | | |
| | CALL SIGN | WHE | N CARRIAGE OC | | CALL SIG | N WHE | | | | | | |
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| - | SA3E. PAGE 7. | | |
|--|---|---------------------------|---|
| | L NAME OF OWNER OF CABLE SYSTEM: Y OF MONROE | SYSTEM ID# 4561 | Name |
| | T OF MONROE | 4301 | |
| Inst all a (as i page | DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (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 con a (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. | dary transmission service | K Gross Receipts |
| Instru Con Con If yo fee t If yo | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amo rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parts ompanying this form and attach the schedule to your statement of account. | | L Copyright Royalty Fee |
| | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ϵ k 3 below. | entered on line 1 of | |
| ▶ If pa 3 be | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent low. | tered on line 2 in block | |
| | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below. | d be entered on line | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least 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 Enter the result here. | \$ 647,527.67 | |
| | This is your minimum fee. | \$ 6,889.69 | |
| 2 | 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. | ? | |
| 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 | \$ | |
| 5 | 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 | \$ 6,889.69 | 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. 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 | \$ 7,614.69 | appropriate form for submitting the additional fees. |
| | EFT Trace # or TRANSACTION ID # C0016913 | | auuluonai lees. |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab | | |

| ACCOUNTING PERIO |): 2021/1 | | FORM SA3E. PAGE 8. |
|----------------------------|---|---|------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# 4561 |
| | CITY OF MONROE | | 4001 |
| м | | ber of channels on which the cable system carried televisio | n broadcast stations |
| 141 | | n's total number of activated channels, during the accountin | |
| Channels | | | |
| | 1. Enter the total number of channels on v | | 10 |
| | system carried television broadcast sta | tions | |
| | 2. Enter the total number of activated cha | nnels | |
| | on which the cable system carried telev | /ision broadcast stations | 109 |
| | and nonbroadcast services | | |
| | | | |
| Ν | we can contact about this statement of ac | RTHER INFORMATION IS NEEDED: (Identify an individua ecount.) | 11 |
| Individual to | | | |
| Be Contacted | | | |
| for Further Information | Name DEBORAH KIRK | | Telephone 770-266-5312 |
| | Address PO BOX 725 | | |
| | (Number, street, rural route, apartmen | t, or suite number) | |
| | MONROE, GA 30655 (City, town, state, zip) | | |
| | (City, town, state, 2ip) | | |
| | Email dkirk@monroeg | a.gov Fax (optional) | <u></u> |
| | | | |
| | CERTIFICATION (This statement of account | t must be certifed and signed in accordance with Copyright | Office regulations.) |
| 0 | | | |
| Certifcation | I, the undersigned, hereby certify that (Check | k one, <i>but only one</i> , of the boxes.) | |
| | (Owner other than corporation or partn | ership) I am the owner of the cable system as identifed in line | 1 of space B; or |
| | | | |
| | | or partnership) I am the duly authorized agent of the owner o | f the cable system as identified |
| | In line 1 of space B and that the ow | ner is not a corporation or partnership; or | |
| | (Officer or partner) I am an officer (if a c in line 1 of space B. | corporation) or a partner (if a partnership) of the legal entity iden | tifed as owner of the cable system |
| | I have examined the statement of account a | nd hereby declare under penalty of law that all statements of fac | ct contained herein |
| | are true, complete, and correct to the best of | f my knowledge, information, and belief, and are made in good | |
| | [18 U.S.C., Section 1001(1986)] | | |
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| | | gan Propes | |
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| | | nature on the line above using an "/s/" signature to certify this stat Before entering the first forward slash of the /s/ signature, place y | |
| | button, then type /s/ an | nd your name. Pressing the "F" button will avoid enabling Excel's | Lotus compatibility settings. |
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| | Title. City Adm | ainistrator | |
| | | ninistrator rofficial position held in corporation or partnership) | |
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| | Date: August 17, 2 | 2021 | |
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| - | | authorizes the Copyright Offce to collect the personally identifying | |

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.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---|--|--|
| CITY OF MONROE | 4561 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1) lowing sentence: "In determining the total number of subscribers and the gross amour service of providing secondary transmissions of primary broadcast tr scribers and amounts collected from subscribers receiving secondary For more information on when to exclude these amounts, see the note on p paper SA3 form. During the accounting period did the cable system exclude any amounts of g made by satellite carriers to satellite dish owners? NO | (A), of the Copyright Act by adding the fol- nts paid to the cable system for the basic ansmitters, the system shall not include sub- y transmissions pursuant to section 119." age (vii) of the general instructions in the | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below. | \$ | |
| Name Mailing Address Mailing A | ddress | |
| | | |
| INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as For an explanation of interest assessment, see page (viii) of the general inst | | 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 | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | | |
| 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 <i>www.copyright.gov/licensing/inte</i> contact the Licensing Division at (202) 707-8150 or licensing@copyrig | erest-rate.pdf. For further assistance please | |
| ** This is the decimal equivalent of 1/365, which is the interest assessme | ent for one day late. | |
| NOTE: If you are filing this worksheet covering a statement of account alrea please list below the owner, address, first community served, accounting pe filing. | | |
| Owner Address | | |
| First community served Accounting period ID number | | |
| | | |
| rivacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce rm in order to process your statement of account. PII is any personal information that can be used f umbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public | o identify or trace an individual, such as name, address and telephon | е |

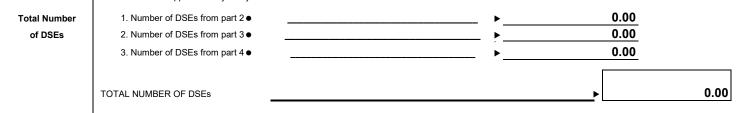
DSE SCHEDULE. PAGE 11. (CONTINUED)

| 4 | EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | | |
|------------------------------------|--|-----|----------------------|------------------|------------------------|------|--|--|--|--|--|
| 1 | CITY OF MONROE | | | | | 4561 | | | | | |
| | SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.00 | | | | | | | | | | |
| 2 | nstructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- | | | | | | | | | | |
| Computation of DSEs for | In the column headed "DSE": mercial educational station, give | | | as "1.0"; for ea | ach network or noncom- | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | S: DSEs | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | |
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| necessary. Remember to copy all | | | | | | | | | | | |
| formula into new | | | | | | | | | | | |
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| | CITY OF MC | ONROE | | | | | | | | | YSTEM ID 456 |
|--|--|--|---|---|---|---|--|--|---|--|----------------------------|
| 3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Image: StationsColumn 3: For each station, give the total number of hours that the station broadcast over the air during the station.Column 4: Divide the figure in column 2 by the total number of hours that the station broadcast over the air during the accounting periodStationsbe carried out at least to the third decimal point. This is the "basis of carriage value" for the station.Column 5: For each station, give the total number of hours that the station broadcast over the air during the accounting periodStationsbe carried out at least to the third decimal point. This is the "basis of carriage value" for the station.Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational staticgive the type-value as ".25."Lack ofColumn 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the part | | | | | | | | | | |
| Capacity | | | (| CATEGOR | YLAC | STATIONS: | COMPUTATI | ION OF DS | SEs | | |
| | 1. CALL SIGN | | 2. NUMBE OF HOL CARRIE SYSTEM | R JRS D BY | 3. NU OF ST. | MBER HOURS ATION I AIR | 4. BASIS OF CARRIAG VALUE | = | 5. TYPE VALUE | 6. DS | E |
| | | | | ÷ | | | = | x | | = | |
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| | | | | ÷ | | | = | x | | = | |
| | | | | + | | | = | x | | = | |
| | | | | | + + | | = x = x | | | = | |
| | SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, | | | | | | | | | | |
| | | | | art 5 of this so | chedule, | | | | 0.00 | | |
| 4 Computation of DSEs for Substitute- Basis Stations | Enter the su Instructions: Column 1: Giv • Was carrie tions in effor • Broadcast space I). Column 2: at your option. Column 3: Column 4: | um here and ve the call si d by your sy ect on Octot one or more For each st This figure Enter the nu Divide the f | ign of each sta stem in substi ber 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum tation's DSE (| tion listed in tution for a pi as shown by rk programs number of liv pond with the in the calence n 2 by the fig For more info | space I (rogram the the letter during the e, nonne e informa dar year: ure in co prmation | page 5, the Log nat your system "P" in column 7 at optional carri twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se | o of Substitute Pro was permitted to of space I); and age (as shown by t s carried in substi a leap year. e the result in col ee page (viii) of th | delete unde the word "Yes' tution for pro lumn 4. Roun he general ins | t station: FCC rules a in column 2 o grams that we d to no less th tructions in th | f ere deleted |). |
| Computation of DSEs for Substitute- | Enter the su Instructions: Column 1: Giv • Was carrie tions in eff • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. | um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the n Divide the f This is the s | I in line 2 of particular in the second states in substitution of each states in substitution of the should correst attion give the should correst attion of days igure in column station's DSE (| tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info | space I (rogram the the letter during the e nonne e informa dar year: ure in co ormation E-BASI | page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se | of Substitute Pro was permitted to of space I); and age (as shown by t s carried in substi a leap year. e the result in col e page (viii) of the IS: COMPUTA | delete unde the word "Yes" itution for pro lumn 4. Roun he general ins | it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs | f ere deleted han the third ne paper SA3 form | |
| Computation of DSEs for Substitute- | Enter the su Instructions: Column 1: Giv • Was carrie tions in effor • Broadcast space I). Column 2: at your option. Column 3: Column 4: | um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF | in line 2 of particular ign of each sta stem in substi ber 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE (SER | tion listed in tution for a p as shown by rk programs pond with the in the calence n 2 by the fig For more info JBSTITUT 3. NUME OF DA | space I (rogram th the letter during th e, nonne e informa dar year: ure in co pormation E-BASI BER YS | page 5, the Log nat your system "P" in column 7 at optional carri twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se | o of Substitute Pro was permitted to of space I); and age (as shown by t s carried in substi a leap year. e the result in col ee page (viii) of th | delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF | It station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER | f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS |). 4. DSE |
| Computation of DSEs for Substitute- | Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. | um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF | I in line 2 of particular in the second states in substitution of each states in substitution of the should correst attion give the should correst attion of days igure in column station's DSE (| tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/ | space I (rogram th the letter during th e, nonne e informa dar year: ure in co pormation E-BASI BER YS | page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se <u>S STATION</u> 4. DSE | of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL | delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF | it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs | f ere deleted han the third ne paper SA3 form 3. NUMBER | , |
| Computation of DSEs for Substitute- | Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. | um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF | I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE (SL BER | tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/ | space I (rogram th the letter during th e, nonne e informa dar year: ure in co ormation E-BASI BER YS AR | page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se <u>S STATION</u> 4. DSE | of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL | delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF | it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS | f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS | 4. DSE |
| Computation of DSEs for Substitute- | Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. | um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF | I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE (SL BER iRAMS | tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/ | space I (rogram th the letter during th e informa lar year: ure in co ormation E-BASI BER YS AR = = | page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se S STATION 4. DSE | of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL | delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF | it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS ÷ ÷ | f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS | 4. DSE = = = |
| Computation of DSEs for Substitute- | Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. | um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF | I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE (SL BER iRAMS | tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/ | space I (rogram th the letter during th e, nonne e informa dar year: ure in co ormation E-BASI BER YS AR = = | page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se S STATION 4. DSE | of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL | delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF | it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS ÷ ÷ ÷ | f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS | 4. DSE = |
| Computation of DSEs for Substitute- | Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point. | um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF | I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE (SL BER iRAMS | tion listed in tution for a pr as shown by rk programs of number of live pond with the in the calence n 2 by the fig For more infor JBSTITUT 3. NUME OF DA IN YE/ | space I (rogram th the letter during the e informa dar year: ure in co ormation E-BASI BER YS AR = = = = | page 5, the Log nat your system "P" in column 7 at optional carri twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se S STATION 4. DSE | of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL | delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF | it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS ÷ ÷ | f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS | 4. DSE = = = = |

TOTAL NUMBER OF DSES: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.



| | DSE | SCHEDU | LE. | PAGE | 13. |
|--|-----|--------|-----|------|-----|
|--|-----|--------|-----|------|-----|

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | | | | |
|--|---|---|---|--|--|-------------------------------------|-----------------------|--------|---|
| CITY OF MONI | ROE | | | | | | | 4561 | Name |
| Instructions: Bloc In block A: • If your answer if ' | | | art 6 and part 7 | of the DSE schedu | ule blank and o | complete part { | 3, (page 16) of the | | 6 |
| schedule. • If your answer if "No," complete blocks B and C below. | | | | | | | | | |
| | ····, ···· | | | ELEVISION M | ARKETS | | | | Computation of |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? X Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. | | | | | | | | | 3.75 Fee |
| No—Comp | lete blocks B and | C below. | | | | | | | |
| | | PL O | | | | Eo | | | |
| Column 1: CALL SIGN | FCC rules and re | of distant sta gulations prio e DSE Sched | tions listed in p r to June 25, 1 lule. (Note: The | part 2, 3, and 4 of th 981. For further ex e letter M below ref | nis schedule the planation of po | nat your systen ermitted statior | ns, see the | | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru A Stations carrie 76.61(b)(c)] | les and regula ed pursuant to | ations cited bel the FCC mark | is on which you ca ow pertain to those (et quota rules [76. .59(d)(1), 76.61(e) | e in effect on J 57, 76.59(b), 7 | lune 24, 1981.) 76.61(b)(c), 76 | .63(a) referring to | | |
| | C Noncommerica D Grandfathered instructions for E Carried pursua | al educationa I station (76.6 r DSE schedu ant to individu | l station [76.59 5) (see paragra ule). al waiver of FC | (c), 76.61(d), 76.63 aph regarding subs C rules (76.7) | 8(a) referring to stitution of grad | o 76.61(d)] ndfathered sta | | | |
| | | HF station wi | thin grade-B co | e or substitute basi ontour, [76.59(d)(5) ım. | | | ing to 76.61(e)(5)] | | |
| Column 3: | | e stations ider | ntified by the let | parts 2, 3, and 4 of ter "F" in column 2 | | | ksheet on page 14 | lof | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
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| | | | | | | | | 0.00 | |
| | | E | BLOCK C: CC | MPUTATION OF | - 3.75 FEE | | | | |
| Line 1: Enter the | total number of I | | | | | | | | |
| Line 2: Enter the | sum of permitted | d DSEs from | block B abov | /e | | | | | |
| Line 3: Subtract I (If zero, le | | | | of DSEs subject t of this schedule) | | te. | | | |
| Line 4: Enter gro | ss 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 | | | | x | | partially permited/ partially nonpermitted |
| Line 6: Enter tota | I number of DSE | s from line 3 | 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 L | _ (page 7) | | | 0.00 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CITY OF MONROE 4561 | | | | | | | | | | |
|--|-----------------|-----------------------|--|-----------------|-----------------------|----------|-----------------|-----------------------|--------|-------------------------|
| BLOCK A: TELEVISION MARKETS (CONTINUED) | | | | | | | | | | |
| | 1. CALL SIGN | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | | Computation 3.75 Fee |
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| News | LEGAL NAME OF OWN | ER OF CABLE SYS | STEM: | | | | | | S | YSTEM ID# | | |
| Name | CITY OF MONR | OE | | | | | | | | 4561 | | |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | ngColumn 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.orColumn 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.) | | | | | | | | | | | |
| | | PERMITTED | DSE FOR STA | TIONS CARRIE | D O | N A PART-TIME ANI | | UTE BASIS | | | | |
| | 1. CALL | 2. PRIOR | | | | 4. BASIS OF | | RESENT | 6. PI | ERMITTED | | |
| | SIGN | DSE | | ERIOD | | CARRIAGE | | DSE | 0.11 | DSE | | |
| | | | | | | 0,44,7102 | | 552 | | | | |
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| 7 Computation | Instructions: Block A In block A: If your answer is | | | below. | | | | | | | | |
| of the | If your answer is | "No," leave blocks | B and C blank | and complete pa | art 8 | of the DSE schedule | | | | | | |
| Syndicated | If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. | | | | | | | | | | | |
| Exclusivity | BLOCK A: MAJOR TELEVISION MARKET | | | | | | | | | | | |
| Surcharge | | able system within blocks B and C . | defned by section 76. X No—Proceed to | 76.5 of FCC rules in effect June 24, 1981? to part 8 | | | | | | | | |
| | BLOCK B [.] C | arriage of VHF/Gr | ade B Contour | Stations | | BLOCK C: Computation of Exempt DSEs | | | | | | |
| | 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 commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in any nity served by the cable system prior to March 31, 1972? | | | | | | | | | | | |
| | 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. | | | | | | | | | ed DSE | | |
| | CALL SIGN | CALL SIGN | DSE | CALL SIG | N | DSE | | | | | | |
| | CALL STOR | DSE | CALL SIGN | DSE | | | 202 | S, ILL OIC | | | | |
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| | | L II | | | | | | | | | | |
| | TOTAL DSEs 0.00 TOTAL DSES 0. | | | | | | | | | 0.00 | | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: SYSTEM: CITY OF MONROE 4 | I ID# 561 | Name |
|---------------|---|--------------|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) 647,527 | 7.67 | 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. 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 3b blank. NOTE: If the DSE | | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | 0 | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) • \$ 2,441.18 | | |
| | 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 | 0 | |
| | 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 | 0 | |
| 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 | | |
| Section | Did your 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 applicable section below. | | |
| 4a | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE 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) | 0 | |
| | 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 | 0 | |
| | 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 | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: S CITY OF MONROE | | | | | |
|---|--|---|---|--|--|--|
| 7 Computation of the Syndicated Exclusivity Surcharge | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). S C. Multiply line B by 3.000 and enter here. S D. Enter 0.00089 of gross receipts (the amount in section 1). S 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 S 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. S S S S S S S S S S S S S | | | | |
| 8 Computation of Base Rate Fee | Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. | | | | | |
| | | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | | | | |
| | Section 1 | Enter the amount of gross receipts from space K (page 7) \$ 647,527.67 | _ | | | |
| | Section 2 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) | _ | | | |
| | Section 3 | If the figure in section 2 is 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) | - | | | |

DSE SCHEDULE. PAGE 17.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: CITY OF MONROE | SYSTEM ID# 4561 | Name | | | |
|---|--------------------|------------------------------------|--|--|--|
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | | | | |
| A. Enter 0.01064 of gross receipts (the amount in section 1)► | | 8 | | | |
| B. Enter 0.00701 of gross receipts (the amount in section 1) ► \$ | | Computation 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 | | | | |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple cf Space G. | | 9 | | | |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. | | | | | |
| Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only. | | | | | |
| How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community. | | | | | |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.) | | | | | |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide. | | | | | |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups. | | | | | |
| In each section: • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. | | | | | |
| If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, | | | | | |
| 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule. | | | | | |
| • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | | | | |
| Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. | | | | | |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. | | | | | |

| LEGAL NAME OF OWNE | R OF CABL | E SYSTEM: | | | | : | SYSTEM ID# 4561 | Name |
|----------------------------|--------------|-----------------|----------------|-------------------------------------|------------|----------------|--------------------|--------------------------|
| | | COMPUTATION O | F BASE RA | TE FEES FOR EAG | CH SUBSCRI | BER GROUP | | |
| FIRST SUBSCRIBER GROUP | | | | | | SUBSCRIBER GRO | UP | • |
| COMMUNITY/ AREA MONROE, GA | | | | 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 |
| | | | | | | | | |
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| | | | ••• | | | | | |
| | | | | | | ····· | | |
| | | | | | | | | |
| Total DSEs | • | ··· | 0.00 | Total DSEs | | <u> </u> | 0.00 | |
| Gross Receipts First G | roup | \$ 64 | 7,527.67 | Gross Receipts Second Group \$ 0.00 | | | 0.00 | |
| Base Rate Fee First G | ano | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | | | + | | | | • | |
| | THIRD | SUBSCRIBER GROU | | FOURTH SUBSCRIBER GROUP | | | | |
| COMMUNITY/ AREA 0 | | | 0 | COMMUNITY/ AREA 0 | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs 0.00 | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third Group | | <u>\$ 0.00</u> | | Gross Receipts Fourth Group \$ 0.00 | | 0.00 | | |
| Base Rate Fee Third Group | | \$ 0.00 | | Base Rate Fee Fourth Group \$ 0.00 | | | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add th | | | riber group as | s shown in the boxes | above. | | 0.00 | |
| Enter here and in block | 3, line 1, s | pace L (page 7) | | | | \$ | 0.00 | |

| LEGAL NAME OF OWNER | | SYSTEM: | | | | S | YSTEM ID# 4561 | Name |
|---|---------------|-------------------|--------------------|------------------------|-----------|-------------------|--------------------|---------------------------|
| E | | | | TE FEES FOR EAC | | | | |
| COMMUNITY/ AREA MONROE, GA | | | 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 | \$ 647 | ,527.67 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | · | | | | | | | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| COMMUNITY/ AREA | THIRD | SUBSCRIBER GROU | P 0 | COMMUNITY/ ARE | | I SUBSCRIBER GROU | IP 0 | |
| | | | | | ~ | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| | | | | | | | | |
| Total DSEs | 1 | | 0.00 | Total DSEs | | | 0.00 | |
| | | 0.00 | Gross Receipts Fou | irth Group | \$ | 0.00 | | |
| - | | | | | | | | |
| Base Rate Fee Third Group \$ | | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Paga Pata Face Add 4 | - hass | food for oach aut | ibor group | a abourn in the barres | abovo | | | |
| Base Rate Fee: Add the base rate fees for each subscriber group a Enter here and in block 3, line 1, space L (page 7) | | | | IS SHOWN IN THE DOXES | | \$ | 0.00 | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SAJE. PAGE 20. SYSTEM ID# | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Name | CITY OF MONROE | 4561 | | | | | | |
| | 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: | | | | | | | |
| Computation | Eirst 50 major tolovision market | Second 50 major tolovicion market | | | | | | |
| of Base Rate Fee | ☐ First 50 major television market INSTRUCTIONS: | Second 50 major television market | | | | | | |
| and | Step 1: In line 1, give the total DSEs by subscriber group for commerce | cial VHF Grade B contour stations listed in block A, part 9 of | | | | | | |
| Syndicated Exclusivity Surcharge for Partially | this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for | zero. DSEs used to compute the surcharge. | | | | | | |
| Distant Stations | schedule. In making this computation, use gross receipts figur 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge | Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge | | | | | | |
| | computation | computation | | | | | | |
| | SYNDICATED EXCLUSIVITY SURCHARGE First Group | SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group | 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 | subject to the surcharge | | | | | | |
| | SYNDICATED EXCLUSIVITY SURCHARGE Third Group | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group | | | | | | |
| | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7 | | | | | | | |
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