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			
08/27/2021	\$			
00/2//2021	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 Period	2021/1			
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 busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system on the last day of to counting period.	em. he accounting period should su	•
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Southwestern Bell Telephone Company			
				6309920211 63099 2021/1
				03099 2021/1
	2260 E Imperial Hwy Room 839			
	El Segundo, CA 90245			
_	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the husing	see and operation of the sys	stem unless these
С	names already appear in space B. In line 2, give the mailing address of			
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. Identif	y only the fret com	amunity convod holow and r	olist on page 1h
Area	with all communities.	y only the list con	iniunity served below and i	elist off page 1b
Served	CITY OR TOWN	STATE		
First	Fort Smith	AR		
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	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 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.

			ACCOUNT	ING PERIOD: 2021/1
FORM SA3E. PAGE 1b.			SYSTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:				
Southwestern Bell Telephone Company			63099	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorpareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the first	orated communiti st community that	es within unincorpo you list will serve a	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor below the identified city or town.	ne parks should b	e reported in parer	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	ie column blank. İ	f you report any sta	ations	
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns in	l a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1
Fort Smith	AR			First
Avoca	AR			Community
Barling	AR			
Bella Vista	AR			
Benton Unincorporated County	AR			
Bentonville	AR			See instructions for
Bethel Heights	AR			additional information
Cave Springs	AR			on alphabetization.
Centerton	AR			
Crawford Unincorporated County	AR			
Elkins	AR			
Elm Springs	AR			
Fayetteville	AR			
Goshen	AR			
Greenland	AR			
Johnson	AR			
Little Flock	AR			
Lowell	AR			
Rogers	AR			
Sebastian Unincorporated County	AR			
Springdale	AR			
Tontitown	AR			
Van Buren	AR			
Washington Unincorporated County	AR			
Arkoma	OK			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southwestern Bell Telephone Company

SYSTEM ID# 63099

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	8,254	\$ 19.00	HD Tech Fee	5,009	\$ 10.00	
 Service to additional set(s) 			Set-Top Box	8,315	\$0-\$15	
 FM radio (if separate rate) 			Broadcast TV Surcharge	8,254	\$8.99-\$9.99	
Motel, hotel						
Commercial	61	\$ 20.00				
Converter						
Residential						
Non-residential						

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 2				
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			

Southwestern E	LICOI OMBLE OF	STEM:			SYSTEM ID#	
	Bell Telepho	one Compa	nny		63099	Name
RIMARY TRANSMITTE	RS: TELEVISIO	ON				
•		•	, ,		s and low power television stations)	G
		,		` '	ed only on a part-time basis under tain network programs [sections	G
•	and (2) certain stations carried on a	Primary				
ubstitute program bas	Transmitters:					
Substitute Basis S pasis under specifc FC				s carried by your	cable system on a substitute program	Television
				e Special Statem	ent and Program Log)—if the	
station was carried	-					
	-				itute basis and also on some other of the general instructions located	
in the paper SA3 for		g		, 222 page (1)	37 410 general mediaedene iesaasa	
		-			es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi- h stream separately; for example	
VETA-simulcast).			•	•		
			_		tion for broadcasting over-the-air in may be different from the channel	
on which your cable sy		,	uillioi 4 III VVdSI	iiigion, D.O. IIIIS	may be uniorent from the challiner	
					ependent station, or a noncommercia	
	-				cast), "I" (for independent), "I-M" ommercial educational multicast).	
or the meaning of the	se terms, see	page (v) of the	e general instru	ctions located in t	he paper SA3 form.	
			,	•	es". If not, enter "No". For an ex-	
lanation of local servi Column 5: If you ha		• ,	•		e paper SA3 form. stating the basis on which you	
· ·			-	-	itering "LAC" if your cable system	
carried the distant stati						
					y payment because it is the subject	
				tweeli a cable sy	stem or an association representing	
he cable system and a	a primary trans				stem or an association representing ary transmitter, enter the designa-	
tion "E" (exempt). For s	simulcasts, also	mitter or an a o enter "E". If	ssociation repre you carried the	senting the prima channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further	
tion "E" (exempt). For sexplanation of these th	simulcasts, also ree categories	mitter or an a o enter "E". If , see page (v)	ssociation repre you carried the) of the general	senting the prima channel on any c instructions locate	ary transmitter, enter the designa-	
tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v ich station. Fo ons, if any, giv	ssociation repre you carried the) of the general or U.S. stations, e the name of th	esenting the prime channel on any c instructions locate list the communit ne community wit	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v ich station. Fo ons, if any, giv	ssociation repre you carried the) of the general or U.S. stations, e the name of th	esenting the prime channel on any c instructions locate list the communit ne community wit	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v ich station. Fo ons, if any, giv nnel line-ups,	ssociation repre you carried the) of the general or U.S. stations, e the name of th	senting the prima channel on any c instructions locate list the communit ne community wit space G for each	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
iion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	simulcasts, also ree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v ich station. Fo ons, if any, giv nnel line-ups,	ssociation repre you carried the of the general or U.S. stations, e the name of the use a separate	senting the prima channel on any c instructions locate list the communit ne community wit space G for each	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL	mitter or an a conter "E". If , see page (victor station. Foots, if any, givennel line-ups, CHANN 3. TYPE OF	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. I channel line-up.	
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL	simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER	mitter or an a conter "E". If , see page (vinch station. For one, if any, givennel line-ups, CHANN 3. TYPE OF STATION	ssociation repre you carried the) of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	esenting the prima channel on any c instructions locate list the communit ne community wit space G for each	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. channel line-up. 6. LOCATION OF STATION	
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL	simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL	mitter or an a conter "E". If , see page (victor station. Foots, if any, givennel line-ups, CHANN 3. TYPE OF	ssociation repre you carried the) of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. I channel line-up. 6. LOCATION OF STATION Fayetteville, AR	
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN	simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER	mitter or an a conter "E". If , see page (vinch station. For one, if any, givennel line-ups, CHANN 3. TYPE OF STATION	ssociation repre you carried the) of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. channel line-up. 6. LOCATION OF STATION	See instructions for
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN	simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 13/1013	mitter or an a content of the conten	ssociation repre you carried the) of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. I channel line-up. 6. LOCATION OF STATION Fayetteville, AR	
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing. 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KFTA/KFTAHD	simulcasts, also ree categories e location of ea Canadian station g multiple characteristics. B'CAST CHANNEL NUMBER 13/1013 5/1005	mitter or an a content of the conten	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR	additional informatio
ition "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KHBS/KHBSHD	simulcasts, also ree categories e location of ea Canadian station g multiple charge 2. B'CAST CHANNEL NUMBER 13/1013 5/1005 24/1024	mitter or an a o enter "E". If , see page (vich station. Foons, if any, givened line-ups, CHANN 3. TYPE OF STATION E N	ssociation repreyou carried the of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the handle which the station is identifed. channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Fort Smith, AR	additional information
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KHBS/KHBSHD KHBS/KHBSHD	simulcasts, also ree categories e location of ea Canadian station g multiple characteristics. B'CAST CHANNEL NUMBER 13/1013 5/1005 24/1024 40/1040	mitter or an a o enter "E". If , see page (vich station. Foons, if any, givened line-ups, CHANN 3. TYPE OF STATION E N	ssociation repreyou carried the of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR	additional informatio
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KHBS/KHBSHD KHBSDZ/KHBSHZ KHOG/KHOGHD	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge c	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Fayetteville, AR	additional informatio
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the Column 6: Give the FCC. For Mexican or Content of the Column 6: Give the FCC. For Mexican or Content of the Column 6: Give the FCC. For Mexican or Content of the Column 6: Give	simulcasts, also ree categories e location of ea Canadian station g multiple charge multiple charge categories e location of ea Canadian station g multiple charge categories e location of ea Canadian station g multiple charge categories and categ	mitter or an a conter "E". If , see page (victor station. For station in the stat	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Fayetteville, AR Rogers, AR	additional informatio
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KFTA/KFTAHD KHBS/KHBSHD KHBSDZ/KHBSHD KHOG/KHOGHD KNWA/KNWAHD	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional information
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KFTA/KFTAHD KHBS/KHBSHD KHBSDZ/KHBSHD KHOG/KHOGHD KNWA/KNWAHD	simulcasts, also ree categories e location of ea Canadian station g multiple charge multiple charge categories e location of ea Canadian station g multiple charge categories e location of ea Canadian station g multiple charge categories and categ	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Fayetteville, AR Rogers, AR	additional information
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KFTA/KFTAHD KHBS/KHBSHD KHBSDZ/KHBSHD KHOG/KHOGHD KNWA/KNWAHD	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional information
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KFTA/KFTAHD KHBS/KHBSHD KHBSDZ/KHBSHD KHOG/KHOGHD KNWA/KNWAHD	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional information
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the Sign of the	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional information
tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or CNote: If you are utilizin	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional information
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the Sign of the	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional informatio
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the Sign of the	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional informatio
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Content of the Sign of the	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional informatio
ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Colore: If you are utilizing 1. CALL SIGN KAFT/KAFTHD KFSM/KFSMHD KFTA/KFTAHD KHBS/KHBSHD KHBSDZ/KHBSHD KHOG/KHOGHD KNWA/KNWAHD	simulcasts, also ree categories e location of ea Canadian station g multiple charge channel charge categories e location of ea Canadian station g multiple charge channel charge categories and categories catego	mitter or an a conter "E". If , see page (v) ich station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION E N I N	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any clinstructions locate list the community e community with space G for each AA 5. BASIS OF CARRIAGE	ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the had which the station is identifed. In channel line-up. 6. LOCATION OF STATION Fayetteville, AR Fort Smith, AR Furt Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fort Smith, AR Fayetteville, AR Rogers, AR Eureka Springs, AR	additional informatio

FORM SA3E. PAGE 3.		CTEM.			SYSTEM ID#	
Southwestern			any		63099	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during t ions in effect o 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ed in the next	g period except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of cert 1(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th FCC. For Mexican or 0	CC rules, regular here in space only on a substand also in spation and also in spation and associated with associated with a section and associated with a section and a section are a section as the distant static ion on a partition of a distant tands are categories a location of each canadian static c	ations, or auth G—but do listitute basis. ace I, if the state that sign. Do not a station ac streams must ber the FCC he, WRC is Che station. Whether the setter "N" (for noncommercial page (v) of the the local serial color and uring the me basis becat multicast stream or before Jumitter or an accent of the station. For the station, given the station. For the station, given the station. For the station is the station of the station, given the station of the station. For the station is the station of the sta	tit in space I (the ation was carried tute basis station report origination cording to its own to be reported in the ation was assigned to annel 4 in Wash tation is a network), "N-M" (I educational), one general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, or accounting period ause of lack of a geam that is not sune 30, 2009, be ssociation repreyou carried the or U.S. stations, re the name of the	e Special Statement of both on a substitute, see page (v) or a program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefer network multiple of "E-M" (for noncetions located in the plete column 5, and Indicate by encitivated channel subject to a royalty statement of the prima channel on any of instructions located in the prima channel on any of instructions located is the community with th	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	Television
Note: If you are utilizing	ng multiple cha	•	•	•	cnannel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Sou	uthwestern Bell Telephone Company			63099	Name
Inst all a (as pag	OSS RECEIPTS cructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's secuted in space E) during the accounting period. For a further explanation of how to be (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.	ondary toompute	transmise this an	ssion service	K Gross Receipts
InstruConConIf your feetIf you accommoder	(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. Our system did not carry any distant television stations, leave block 3 blank. Enter the analysis from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account. Art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	arts of th	ne DSE	Schedule	L Copyright Royalty Fee
bloc	k 3 below.				
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	on line	2 in block	
-	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be e	entered	on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	3,575,140.28	
	This is your minimum fee.	\$		38,039.49	
Block 2 Block 3	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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. In No—Leave block 3 below blank and column to the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	nn 4, yo	u must	check	
	Line 3. Add lines 1 and 2 and enter	¢			
	here Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee	\$		-	
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 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.	- r <u> </u>	\$	38,039.49	Cable systems 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 appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		38,764.49	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pag	ge (i) of	the	

ACCOUNTING PERIOD: 2021/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company	SYSTEM ID# 63099
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Myriam Nassif Telephone 310-964-1930	
	Address 2260 E Imperial Hwy Room 839 (Number, street, rural route, apartment, or suite number)	
	El Segundo, CA 90245	
	(City, town, state, zip) Email mn112s@att.com Fax (optional)	
	Email mn112s@att.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	m
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	/s/ Michael Santogrossi	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press th button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	e "F2"
	Typed or printed name: Michael Santogrossi	

	Title: Vice President – Finance (Title of official position held in corporation or partnership)	
	Date: August 24, 2021	

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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#	
Southwestern Bell Telephone Company	63099	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not it scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (viii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	e basic nclude sub- on 119." s in the	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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 or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistation contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Off please list below the owner, address, first community served, accounting period, and ID number as given in ti		
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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

The Minimum FeeBase 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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

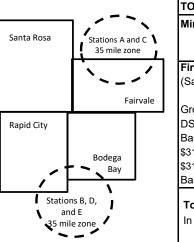
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

									\$6,	384	4.00	
									Х	.0	1064	
inii	mum	i Fee	otal	iross	Rec	eipts			\$600),00	0.00	

		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			SY	STEM ID#
1	Southwestern Bell Tele	phone Comp	any			63099
	SUM OF DSEs OF CATEGOR		NS:			
	 Add the DSEs of each station Enter the sum here and in line 		is schedule.		0.00	
		' '				
2	Instructions: In the column headed "Call S	Sign": list the ca	all signs of all distant station	s identified by	the letter "O" in column 5	
	of space G (page 3).					
Computation of DSEs for	In the column headed "DSE" mercial educational station, given			E as "1.0; to	each network or noncom-	•
Category "O"	, 		CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy all formula into new						
rows.						
10.00						

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:					S	YSTEM ID#			
Name	Southwester	n Bell Telephone Co	ompany					63099			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE										
	SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE						
		313161	vi ÷	ON AIR	=		=				
			<mark></mark>		·····	<u>x</u>					
			_		_	~					
			_			v	_				
					·	X	-				
						X					
			·····			x	=				
			÷		=	x	=				
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	ect on October 19, 1976 (one or more live, nonnetwn For each station give the This figure should corre Enter the number of days Divide the figure in colun	ation listed in space itution for a prograce (as shown by the learner of live, not spond with the infects in the calendar your 2 by the figure it	ce I (page 5, the Loam that your syster etter "P" in column g that optional carronnetwork program ormation in space I ear: 365, except in n column 3, and gi	og of Substitute P m was permitted t 7 of space I); and riage (as shown by as carried in subs a leap year. ve the result in co	to delete under FCC rules	and regular- of vere deleted than the third	n).			
		Sl	JBSTITUTE-BA	ASIS STATION	IS: COMPUTA	ATION 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>		÷		=			
			-	=				=			
			: -		+	÷					
			<u> </u>			-					
					.	÷					
	Add the DSEs	oF SUBSTITUTE-BAS of each station. Im here and in line 3 of p		ule,	▶	0.00]				
5		ER OF DSEs: Give the ams applicable to your system		es in parts 2, 3, and	1 4 of this schedule	e and add them to provide t	he total				
Total Number	1. Number o	f DSEs from part 2 ●				>	0.00				
of DSEs		f DSEs from part 3 ●				· •	0.00				
O. DOLS		•				:	0.00				
	o. Number of	f DSEs from part 4 ●				<u> </u>	0.00				
	TOTAL NUMBE	R OF DSEs						0.00			

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

	WNER OF CABLE S Bell Telephon		ıy				S	4STEM ID# 63099	Nama
block A:	ck A must be comp		art 6 and part	7 of the DSE sched	dule blank and	I complete pa	rt 8, (page 16) of th	ne	6
chedule.	"No," complete blo	cks B and C	holow						
ii your ariswer ii	No, complete blo			TELEVISION M.	ARKETS				Computation
the cable syster	m located wholly ou					ction 76.5 of F	CC rules and regu	lations in	3.75 Fee
ffect on June 24,									
=	plete part 8 of the		O NOT COMF	PLETE THE REMA	INDER OF PA	ART 6 AND 7.			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatio e DSE Scheo	ns prior to Jur dule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For fur the letter M below re Act of 2010.)	rther explanat	ion of permitte	ed stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions for E Carried pursua *F A station prev	les and reguled pursuant to on as defined al educational station (76.6 r DSE schedi ant to individu viously carrie HF station wi	ations cited be to the FCC many lin 76.5(kk) (7 all station [76.585) (see paragule). It was a waiver of Fed on a part-timithin grade-B control of the state of th	ne or substitute bas contour, [76.59(d)(5	se in effect on 5.57, 76.59(b), e)(1), 76.63(a) i3(a) referring estitution of grassis prior to Jun	June 24, 198, 76.61(b)(c), referring to 76 to 76.61(d)] andfathered s	76.63(a) referring to		
Column 3:	*(Note: For those this schedule to d	stations ide	ntified by the let DSE.)	parts 2, 3, and 4 of etter "F" in column 2		omplete the w	2. PERMITTED	T	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		-
			·····			<u>"</u> """""""""""""""""""""""""""""""""""	···	·····	
								0.00	
		Е	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
ne 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
ine 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve					
	line 2 from line 1 eave lines 4–7 bl					rate.		0.00	
ne 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of th DSEs represe partially
ne 5: Multiply I	ine 4 by 0.0375 a	and enter su	m here						partially permited/ partially nonpermitte
ne 6: Enter tota	al number of DSE	Es from line	3				X		carriage? If yes, see pa 9 instruction
ne 7: Multiply l	ine 6 by line 5 an	d enter here	e and on line	2, block 3, space	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company 63099												
	_		BLOCK	A: TELEVI	SION MARKETS	S (CONTIN	1 1			_		
•	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		
	01014	BAGIO		01014	BAGIO		SIGIN	BAGIO		Computation		
										3.75 Fee		
<mark></mark>												
<mark></mark>												

ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Southwestern Bell Telephone Company 63099 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.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. the DSE Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Permitted 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 1. CALL 3. ACCOUNTING 5. PRESENT 6. PERMITTED 2. PRIOR 4. BASIS OF SIGN DSE **PERIOD** CARRIAGE DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge 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? Yes—Complete blocks B and C . X 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. DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	AME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company	SYSTEM ID# 63099	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,575,140.28	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the 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. 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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section	If the figure in coation 2, line C is more than 4,000 compute your curcharge have and leave coation 2e blank		
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 D 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		

Name		ME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company	SYSTEM ID# 63099									
_		South South Company										
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.										
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$										
of the 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	You m	sust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	rt									
_		checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.										
Computation	,	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.										
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo c.	W									
		is 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 "local	I									
	service	e area," see page (v) of the general instructions.										
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS											
	• 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 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)	28_									
	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		<u>~</u>									
	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) ▶ _ \$										
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ <u>\$ 25,061.73</u>										
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -										
		D. Multiply line B by line C and enter here.										
		E. Add lines A, and D. This is your base rate fee. Enter here										
		and in block 3, line 1, space L (page 7)	_									
		Base Rate Fee	<u></u> .									

-		3 PERIOD: 2021/1
LEGAL N	IAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
South	nwestern Bell Telephone Company 63099	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **S	8
	(the amount in society 1	
	B. Enter 0.00701 of gross receipts (the amount in section 1) * \$	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶	
	(allo ligato il occion 2) and office flore	
	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	
shall in	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-Space G.	9
-	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation of
	clusion, you must: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	Base Rate Fee
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number	and
	s and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each	Syndicated Exclusivity
group. Finally	r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
must a	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 lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	b Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
Step 2 outside	to that community. For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.)	
subscr	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
In each	n 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 of the ibers in the group.	
• If:		
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions appear SA3 form.	
page. DSEs t	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show ctual calculations on the form.	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63099 Southwestern 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 OWNER Southwestern Bell						S	63099	Name
Е	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROUP				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 3,575	,140.28	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond 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	
						.=		
	ļ							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
,	•				•			
Base Rate Fee Third G	se Rate Fee Third Group \$ 0.00			Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	s shown in the boxes a	above.	\$	0.00	

LEGAL NAME OF OWNE Southwestern Bel					_	S	YSTEM ID# 63099	Name	
			DACEDA	TE EEES FOR EACH	CLIBCODI	BED CDOUD			
		SUBSCRIBER GROU		TE FEES FOR EACH	TE FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9			
CALL CICAL	I DOE I	LOALLSION	l per	CALL CICAL	T DOE	II CALL CION	DOE	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
						H		Syndicated	
								Exclusivity	
	-					 		Surcharge	
								for	
								Partially	
								Distant	
								Stations	
	 								
	.								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
;	SEVENTH	SUBSCRIBER GROU	Р		EIGHTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						_			
	-								
						 -			
	-								
									
						-			
	 								
	1								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
,	•				•				
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Raso Pato Eso: Add th	o hasa rati	o face for each subseq	iher aroun	as shown in the boxes at	nove				
Enter here and in block			inei group	as shown in the Doxes at	ove.	\$			
		. (13-1)							

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Southwestern Bell				Timeted 0.70 Otatio	-	S	43099	Name
В				ATE FEES FOR EACH S			_	
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROU	0	COMMUNITY/ AREA	SECOND	SUBSCRIBER GROU	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
						-		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 3,575	,140.28	Gross Receipts Second	Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
T.			0.00	T 1 1 DOE			0.00	
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth 0	∍roup	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth (Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subsci	iber aroun	as shown in the boxes abo	ove.			
Enter here and in block			J. 5.4			\$	0.00	

Nonpermitted 3.75 Stations

O Computat CALL SIGN DSE of Base Rate and Syndicate		ATE FEES FOR EACH		COMPUTATION OF	LOCK A:		
Computation E CALL SIGN DSE of Base Rate and Syndicate	SIXTH					B	
Computation of Base Rate and Syndicate		H	JP	SUBSCRIBER GROU	FIFTH		
E CALL SIGN DSE of Base Rate and Syndicate		COMMUNITY/ AREA	0	COMMUNITY/ AREA 0			
Base Rate and Syndicate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndicate	DOL	CALL SIGN	DOL	CALL SIGN	DGL	CALL SIGN	
Syndicate							
Exclusivit							
Surcharg							
for							
Partially							
Distant Stations							
Stations							
······································							
0.00		Total DSEs	0.00			otal DSEs	
up <u>\$</u> 0.00	d Group	Gross Receipts Second	0.00	\$	oup	Bross Receipts First Gr	
s 0.00	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr	
GHTH SUBSCRIBER GROUP	EIGHTH		JP	SUBSCRIBER GROU	EVENTH	5	
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
··············			<u></u>				
······			<u>"</u>				
0.00		Total DSEs	0.00			otal DSEs	
\$ 0.00	Group	Gross Receipts Fourth	0.00	Gross Receipts Third Group \$ 0.0			
	ı Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Southwestern Bell Telephone Company	63099					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of	☐ First 50 major television market	Second 50 major television market					
Base Rate Fee	INSTRUCTIONS:						
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of					
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.						
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
İ	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	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 subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page						

FORM SA3E. PAGE 20.

INSTRUCTIONS:	the station is not exempt in Part 7, you mustalso compute a
If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:	the station is not exempt in Part 7, you mustalso compute a
Syndicated Exclusivity Surcharge. Indicate which major television mai by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:	
INSTRUCTIONS:	
	Second 50 major television market
this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.
FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP
Line 1: Enter the VHE 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
SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown
	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number. Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form. FIFTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation