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			
3-4-22	\$ 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	2021/2								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			<u> </u>					
	BLUE RIDGE CABLE TECHNOLOGIES INC								
	Blue Ridge Communications								
				2795320212					
				27953 2021/2					
	PO BOX 215								
	PALMERTON, PA 18071								
С	INSTRUCTIONS: In line 1, give any business or trade names used to id names already appear in space B. In line 2, give the mailing address of								
System	IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comm	unity served below and reli	et on nage 1h					
Area	with all communities.	only the fist confin	idility served below and ren	st on page 1b					
Served	CITY OR TOWN	STATE							
First	MILFORD PA								
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace 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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27953 BLUE RIDGE CABLE TECHNOLOGIES INC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE **MILFORD** PA AB 2 First **BERLIN TOWNSHIP** PA AA 1 Community **BETHANY** PA AA 1 **BLOOMING GROVE TOWNSHIP** PA AB 4 **CHERRY RIDGE TOWNSHIP** PA AA 1 **CLIFTON TOWNSHIP** 1 PA AA See instructions for **COOLBAUGH TOWNSHIP** PA AA 3 additional information on alphabetization. **DAMASCUS** 1 PA AA **DAMASCUS TOWNSHIP** PA AA 1 **DELAWARE TOWNSHIP** AB 2 PA 2 **DINGMAN TOWNSHIP** PA AB Add rows as necessary. **DREHER TOWNSHIP** PA AA **DYBERRY TOWNSHIP** PA AA **GOULDSBORO** AA 1 PA **GREENE TOWNSHIP** PA AB 4 **HAWLEY** PA AA 1 **HEMLOCK FARMS** AB 4 PA **HONESDALE** PA AA 1 LACKAWAXEN TOWNSHIP AB PA 4 **LEHIGH TOWNSHIP** PA AA 1 MILFORD TOWNSHIP AB 2 PA **PALMYRA TOWNSHIP** AB PA 4 **PAUPACK TOWNSHIP** AA PA **PORTER TOWNSHIP** AB 4 PA **SHOHOLA TOWNSHIP** PA AB 4 **TEXAS TOWNSHIP** AA PA

Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

BLUE RIDGE CABLE TECHNOLOGIES INC 27953

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 	18,188	\$52.80/Mth			
 Service to additional set(s) 	31,171	\$0.00/Mth			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	536	\$52.80/Mth			
Converter					
Residential					
Non-residential					
1			-		

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			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$ 54.95	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	\$ 54.95		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#					
BLUE RIDGE C	ABLE TECH	INOLOGIE	S INC		27953	Name				
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a										
			-	l(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:				
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program										
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the										
 Do not list the station station was carried 	-		t it in space I (th	e Special Stateme	nt and Program Log)—If the					
List the station here,	and also in spa formation conc	ace I, if the sta			ute basis and also on some other the general instructions located					
		sign. Do not r	eport origination	n program services	such as HBO, ESPN, etc. Identify					
			-	_	ion. For example, report multi-					
WETA-simulcast).	A-2". Simulcast	streams mus	t be reported in t	column 1 (list eacr	stream separately; for example					
,	e channel numb	er the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in					
_			annel 4 in Wash	ington, D.C. This	may be different from the channel					
on which your cable sy Column 3: Indicate			ation is a netwo	rk station, an inde	pendent station, or a noncommercial					
					st), "I" (for independent), "I-M"					
•	,		, .	,	mmercial educational multicast).					
For the meaning of the Column 4: If the sta		• • • •	•		e paper SA3 form. s". If not, enter "No". For an ex-					
planation of local servi	ice area, see pa	age (v) of the	general instructi	ons located in the	paper SA3 form.					
			-	-	tating the basis on which your					
capie system carried to		-		•	ering "LAC" if your cable system apacity					
	-				payment because it is the subject					
•				•	tem or an association representing					
-			-		y transmitter, enter the designa- ner basis, enter "O." For a further					
explanation of these th	ree categories	, see page (v) of the general i	nstructions located	d in the paper SA3 form.					
					to which the station is licensed by the					
FCC. For Mexican or 0 Note: If you are utilizing				•	which the station is identifed.					
recorn you are amen	ig manapio onai	•	EL LINE-UP	•	mainter into up.					
	I		I							
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
SIGIV	NUMBER	STATION	,	(If Distant)						
				(
		•								
		ļ								
		<u> </u>								
	 	†								

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) 7 **WABC YES** 0 Ν **NEW YORK, NY WBRE** 28 Ν NO WILKES-BARRE, PA See instructions for additional information WBRE-2 28.2 ı NO WILKES-BARRE, PA on alphabetization. WBRE-3 28.3 NO WILKES-BARRE, PA ı **WNEP** 16 Ν NO WILKES-BARRE, PA **WNET** 13 Ε YES 0 **NEW YORK, NY** WOLF 56 ı NO WILKES-BARRE, PA **WPVI** 6 Ν YES 0 PHILADELPHIA, PA **WQMY** 53 ı NO WILLIAMSPORT, PA **WQPX** 64 ı NO SCRANTON, PA **WSWB** 38 ı NO SCRANTON, PA **WVIA** 44 Ε YES 0 WILKES-BARRE, PA 0 **WWOR** 9 ı YES **NEW YORK, NY** WYOU **WILKES-BARRE, PA** 22 Ν NO WNEP-2 16.2 ı NO WILKES-BARRE, PA WSWB-2 ı SCRANTON, PA 38.2 NO WSWB-3 38.3 ı NO SCRANTON, PA NO

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC** PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) 7 **WABC YES** 0 **NEW YORK, NY** Ν **WCBS** 2 Ν 0 **NEW YORK, NY** YES **WJLP** 3 ı NO MIDDLETOWN, NJ **WMBC** 63 NO **NEWTON, NJ** ı **WNBC** 4 Ν NO **NEW YORK, NY WNEP** 16 Ν NO WILKES-BARRE, PA **WNET** 13 Ε YES 0 **NEW YORK, NY WNJU** 47 ı NO LINDEN, NJ **WNYW** 5 ı NO **NEW YORK, NY** WOLF 56 ı NO **WILKES-BARRE, PA WPIX** 11 ı NO **NEW YORK, NY WVIA** 44 Ε YES 0 WILKES-BARRE, PA **WWOR** 9 ı NO **NEW YORK, NY** WNEP-2 NO **WILKES-BARRE, PA** 16.2 I WBRE-2 28.2 ı NO WILKES-BARRE, PA

G

Primary Transmitters: Television

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

ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

LEGAL NAME OF OWNER OF OBLUE RIDGE CABLE T					S	27953	Name			
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì			<u> </u>			
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
During the accounting per				s. anv nonne	twork television progran	1	Special Statement and			
broadcast by a distant stat	ion?				Yes	X No	Program Log			
Note: If your answer is "No' log in block 2.			ge blank. If your answer is	Yes," you mu	ust complete the progran	n 				
2. LOG OF SUBSTITUTE										
In General: List each subst clear. If you need more spa		•		wherever pos	ssible, if their meaning is	i				
			ision program (substitute p	rogram) that,	during the accounting					
period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another stat					
under certain FCC rules, re SA3 form for futher informa	gulations, o	or authorization	s. See page (vi) of the ger	eral instruction	ons located in the paper					
titles, for example, "I Love L				DasketDall .	. List specific program					
Column 2: If the progran	n was broad	dcast live, ente	r "Yes." Otherwise enter "N							
	0		asting the substitute progra		need by the FCC or in					
the case of Mexican or Can		,	ne community to which the community with which the							
			tem carried the substitute p			th				
first. Example: for May 7 giv				1. 1 4	List die a die een een een een een de l					
to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:			У				
stated as "6:00–6:30 p.m."	<u> Джаггріо.</u> с	a program cam	od by a cyclom nom olo i.	10 p.m. to 0.2	.o.oo p.m. onoula bo					
			was substituted for progra			t				
to delete under FCC rules a gram was substituted for pr										
effect on October 19, 1976.		that your syste	on was permitted to delete	under 1 00 1	ales and regulations in					
						1				
s	UBSTITUT	E PROGRAM	I		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE **FROM** TO DATE TO **FROM**

	JE RIDGE CABLE TECHNOLOGIES INC			SYSTEM ID# 27953	Name						
GR Inst all a (as	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)										
during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 5,305,645.80 (Amount of gross receipts)											
ConConIf youIf youIf you	TRIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. It is system did not carry any distant television stations, leave block 3 blank. Enter the amount of the lock 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable part ompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee						
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 6 k 3 below.										
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en elow.										
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be er	ntered on	line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.			of the							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	5,305,645.80							
	Enter the result here. This is your minimum fee.	\$		56,452.07							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and co	n 4, you d?	must ch	eck							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	28,072.18							
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			14,154.36							
	Line 3. Add lines 1 and 2 and enter here	\$		42,226.55							
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		\$	56,452.07	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE										
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		57,177.07	appropriate form for submitting the additional fees.						

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC	SYSTEM ID									
M											
Channels	Enter the total number of channels on which the cable										
	System carried television broadcast stations	. 17									
	Enter the total number of activated channels on which the cable system carried television broadcast stations 78										
	and nonbroadcast services										
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)										
Be Contacted for Further Information	Name Steven Holler Telephon	e 610-826-9210									
	Address PO Box 215 (Number, street, rural route, apartment, or suite number)										
	Palmerton, Pa 18071 (City, town, state, zip)										
	Email sholler@pencor.com Fax (optional)										
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office re-	gulations.)									
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)										
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	vner of the cable system									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe 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)]	d herein									
	X /s/ David L. Masenheimer										
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com										
	Typed or printed name: David Masenheimer										
	Title: President (Title of official position held in corporation or partnership)										
	Date: February 21, 2022										

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC	SYSTEM ID# 27953	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 adding 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 indescribers 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 (vii) of the general instructions paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transminate by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	basic clude sub- n 119." in the	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	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 herex	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce 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 Offce please list below the owner, address, first community served, accounting period, and ID number as given in the filing.		
Owner Address		
First community served Accounting period ID number		

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

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, 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

OSEs 0.701% of gross receipts 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

The fifth and each additional DSF

- 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

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

- Calculate a separate base rate fee for each subscriber group, using
 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:

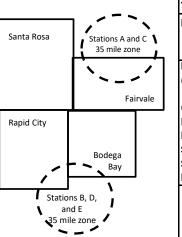
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		\$0,364.00				
First Subscriber Group Second Subscriber Group Third Subscriber Gro						
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

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

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE	, , , , , , , , , , , , , , , , , , , ,											
1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#						
I	BLUE RIDGE CABLE TE	CHNOLOGIE	S INC			27953						
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:									
	Add the DSEs of each station.											
	Enter the sum here and in line	1 of part 5 of this	schedule.		2.25	_						
_	Instructions:			·								
2	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5							
	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
Computation of DSEs for	mercial educational station, give			as 1.0; for ea	ach network or noncom-							
Category "O"	moreiai educationai station, give	5 ti 10 DOL 45 .2t	CATEGORY "O" STATION	IS: DSFs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WABC	0.250										
	WCBS	0.250										
	WNET	0.250										
	WPVI	0.250										
	WVIA	0.250										
Add rows as	WWOR	1.000										
necessary.												
Remember to copy all formula into new												
rows.												
TOWS.												

,	 · · · · · · · · · · · · · · · · · · ·		Ţ	,

Name		OWNER OF CABLE SYSTEM: CABLE TECHNOLO	OGIES INC				SYS	TEM ID# 27953		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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 pape SA3 form.									
Capacity		(CATEGOR	Y LAC STATIONS:	COMPUTAT	ION OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	URS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAC VALUE	GE VALUI				
			÷		=	x x	=			
			÷		=	x	=			
			÷		=	x	=			
			÷		=	x x	=			
			÷			x	=			
			÷		=	x	=			
	Add the DSEs	of CATEGORY LAC S of each station. Im here and in line 2 of p		chedule,		0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I). Column 2: at your option. Column 3: Column 4:	act on October 19, 1976 (one or more live, nonnetwood For each station give the This figure should correse Enter the number of days Divide the figure in colum This is the station's DSE	itution for a price shown by as shown by ork programs or number of lives spond with the sin the calendary 2 by the fig (For more information).	rogram that your system the letter "P" in column during that optional carrie, nonnetwork program a information in space I dar year: 365, except in ure in column 3, and gipormation on rounding, s	n was permitted to the following of space I); and inge (as shown by the security of the security of the following security of the result in contract of the security of the se	to delete under FCC rules de the word "Yes" in column 2 stitution for programs that we column 4. Round to no less the general instructions in	of were deleted than the third			
		SL	JBSTITUTE	E-BASIS STATION	IS: COMPUTA	ATION OF DSEs	1			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER 4 OF DAYS IN YEAR	I. DSE		
			÷	=		-				
			-	=		÷	=			
			÷	=		÷	=			
			÷	=		<u> </u>				
	Add the DSEs	OF SUBSTITUTE-BASI			▶	0.00				
5		ER OF DSEs: Give the ams		e boxes in parts 2, 3, and	d 4 of this schedul	e and add them to provide	the total			
Total Number	1. Number	of DSEs from part 2●				>	2.25			
of DSEs		of DSEs from part 3 ●				>	0.00			
	3. Number	of DSEs from part 4 ●				-	0.00			
	TOTAL NUMBE	R OF DSEs						2.25		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

	WNER OF CABLE S		INC				S'	YSTEM ID# 27953	Name
block A:	ck A must be comp		art 6 and part 7	of the DSE schedu	ule blank and	complete part	8, (page 16) of the		6
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS									
N	4			I ELEVISION M/ er markets as defin		70 F -4 F0		4: :-	Computation 3.75 Fee
	plete part 8 of the solete blocks B and solete	BLO0 of distant sta gulations price e DSE Scheo	CK B: CARF tions listed in or to June 25, 1 lule. (Note: Th	RIAGE OF PERM part 2, 3, and 4 of the 1981. For further executed the 1981 is t	MITTED DS	SEs that your system permitted statio	ns, see the	·	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station prev G Commercial U M Retransmission	les and reguled pursuant to on as defined al educational station (76.6 r DSE scheduant to individuziously carried HF station win of a distant	ations cited be to the FCC mare in 76.5(kk) (76.55) (see paragrule). all waiver of FCd on a part-time thin grade-B comulticast street	e or substitute basi ontour, [76.59(d)(5)	e in effect on 57, 76.59(b), (1), 76.63(a) 8(a) referring stitution of gra s prior to Jun), 76.61(e)(5)	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] and fathered state 25, 1981, 76.63(a) refer	6.63(a) referring to 61(e)(1) ations in the	I	
1. CALL	*(Note: For those this schedule to c	stations ider	ntified by the le	tter "F" in column 2		omplete the wo	2. PERMITTED	4 of 3. DSE	
SIGN WCBS	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		
WABC	D	0.25							
WNET	С	0.25							
WVIA	D	0.25							
WWOR	Α	1.00							
								2.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
	total number of l	·							
e 3: Subtract		. This is the	total number	of DSEs subject t		ate.			
e 4: Enter gro	ess receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represe partially
e 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here				х		permited/ partially nonpermitte carriage?
e 6: Enter tota	al number of DSE	s from line 3	3						If yes, see pa 9 instruction
e 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	, block 3, space l	_ (page 7)			0.00	

Name	YSTEM ID# 27953					NC		WNER OF CABLE S	
			IED)	(CONTINU	SION MARKETS	A: TELEVIS	BLOCK		
6	3. DSE	2. PERMITTED	1. CALL	3. DSE	2. PERMITTED	1. CALL	3. DSE	2. PERMITTED	1. CALL
Computatio		BASIS	SIGN		BASIS	SIGN		BASIS	SIGN
3.75 Fee									
									
	l								
									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD CARRIAGE DSE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	BLUE RIDGE CABLE TECHNOLOGIES INC	27953	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	5,305,645.80	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	F	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	_	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section .1.)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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: BLUE RIDGE CABLE TECHNOLOGIES INC	SYSTEM ID# 27953								
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\									
Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.										
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Section										
	Section 2	Enter the amount of gross receipts from space K (page 7)									
	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). 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. S 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	0.00								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

BOL GONEDOLL I NOL II.	Accounting	31 EMOD. 2021/2
LEGAL NAME OF OWNER OF CABLE SYSTEM: BLUE RIDGE CABLE TECHNOLOGIES INC	SYSTEM ID# 27953	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1) * *** **The content of the image is a content of the image		8
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		
F. Multiply line D by line E and enter here > \$		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple char Space G.	•	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate f		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take exclusion, you must:	advantage of this	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determing DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ne the number of	and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt i also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B if your cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant scarried to that community.	tation you	Permitted Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were outside the station's local service area. A subscriber located outside the local service area of a station is distant to that the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your signoups.	ystem's subscriber	
In each section:		
Identify the communities/areas represented by each subscriber group.		
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to subscribers in the group.	all of the	
 If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave 4 of this schedule; or, 	it in parts 2, 3, and	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it is part 6 of this schedule.	n block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
 Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in the paper SA3 form. 	al instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not reactual calculations on the form.	(that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 27953 **BLUE RIDGE CABLE TECHNOLOGIES INC** 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.

BLUE RIDGE CAB							27953	
				TE FEES FOR EACH				
		SUBSCRIBER GROU	IP			SUBSCRIBER GROU		Ω
COMMUNITY/ AREA	Wayne	County		COMMUNITY/ AREA	Milford,E	Delaware Twp,Dir	ngman Twp	9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE			of
WABC	0.25							Base Rate
WNET	0.25							and
WWOR	1.00							Syndicate
			<u> </u>		<u></u>			Exclusivit
			<u> </u>					Surcharg
			<u></u>					for
			<u></u>		*			Partially
								Distant
			<u> </u>					Stations
			<u> </u>					
					 			
	<u> </u>		<u> </u>		<u> </u>			
	<u> </u>		<u></u>		†			
Total DSEs			1.50	Total DSEs	1		0.00	
		4 500						
Gross Receipts First G	roup	\$ 1,509	9,798.90	Gross Receipts Secon	a Group	\$ 1,2	21 1,005.30	
Base Rate Fee First G	roup	\$ 21	1,356.11	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Coolba	ugh Township		COMMUNITY/ AREA	Hemlock	Farms,Blooming	g Grove,Gre	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WABC	0.25		<u> </u>	WNET	0.25			
WNET	0.25		<u> </u>					
WOR	1.00		<u> </u>					
			<u></u>					
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Total DSEs 1.50				Total DSEs				
Gross Receipts Third G	eceipts Third Group \$ 0.00			Gross Receipts Fourth	Group	\$ 2,5	524,841.60	
							-	
	e Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth Group \$ 6,716.08				
3ase Rate Fee Third G	Group	Þ	0.00		- 1		0,7 10.00	
3ase Rate Fee Third G	Group	3	0.00				0,7 10.00	
							0,710.00	
	e base rate	fees for each subscr		s shown in the boxes abo		e	28,072.18	

CALL SIGN DSE CALL SIGN	LEGAL NAME OF OWNE						<u> </u>	27953	Name	
COMMUNITY/ AREA Wayne County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee State floor From Subscriber Group 1 1,509,798.90 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group 1 1,509,798.90 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE State Subscriber Group 2 1,509,798.90 CALL SIGN DSE CALL SIG		BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP			
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Sase Rate Fee Fourth Group Sase Rate Fee Third Group Sase Rate Fee Touth Group Sase Rate Fee Fourth Group Sase Rate Fee Touth Group Sase Rate Fee Fourth Group Sase Rate Fee Touth Group Sase Rate Fee Sason Group Sase Rate Fee Touth Group Sase Rate Fee Sason Gase Rate Fee Touth Group Sase Rate Fee Sason Gase Rate Fee Touth Group Sase Rate Fee Sason Gase Rate Fee Touth Group Sase Rate Fee Sason Gase Rate Fee Sason Gase Rate Fee Sason Rate		FIRST	SUBSCRIBER GROU	JP		JP	^			
Base Rate Fee Third Group \$ 0.00 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY AREA COORD CO	COMMUNITY/ AREA	Wayne	County	nty COMMUNITY/ AF			Milford,Delaware Twp,Dingman Twp		9 Computation	
And Syndia Static Scribs Surchs Total DSEs Gross Receipts First Group \$ 1,509,798.90 Gross Receipts First Group \$ 14,154.36 Base Rate Fee First Group \$ 14,154.36 COMMUNITY/AREA Coolbaugh Township COMMUNITY/AREA COOlbaugh Township COMMUNITY/AREA COLLL SIGN DSE CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		of	
Syndic Exclusion Fotal DSEs O.25 Gross Receipts First Group Third Subscriber GROUP CALL SIGN DSE CALL S	WPVI	0.25							Base Rate F	
Exclusion Total DSEs O.25 Third DSEs Call Sign Third DSUSCRIBER GROUP COMMUNITY AREA Coolbaugh Township CALL Sign DSE									and	
Surching Total DSEs Total DSEs O.25 Gross Receipts First Group 1,1,509,798.90 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE									Syndicated	
Surching Total DSEs TOTAL DSE									Exclusivity	
for all DSEs Gross Receipts First Group THIRD SUBSCRIBER GROUP COALL SIGN DSE CALL SIGN									Surcharge	
Partia Dista Statio Fotal DSEs OLOS Gross Receipts First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE									_	
Fotal DSEs Outside State Total DSEs Outside State Third Subscriber Group Third Subscriber Group Third Subscriber Group Community/ AREA Coolbaugh Township CALL SIGN DSE COMMUNITY/ AREA Branch Group Total DSEs Outside State Outside State Total DSEs Outside State Outside State Total DSEs Outside State		···		······································		•••••••••••		······	Partially	
Static								······	Distant	
Fotal DSEs October 1,509,798.90 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL		 		-		<u> </u>	·		Stations	
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL SIGN								······	Stations	
Gross Receipts First Group S 1,509,798.90 Gross Receipts Second Group S 1,271,005.30 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL SIGN DS				<mark></mark>				······		
Gross Receipts First Group S 1,509,798.90 Gross Receipts Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL SIG								······		
Gross Receipts First Group S 1,509,798.90 Gross Receipts Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL SIG										
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Gross Receipts First Group S 1,509,798.90 Gross Receipts Second Group S 1,271,005.30 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL SIGN DS										
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Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL S	Gross Receipts First G	roup	\$ 1,509,798.90		Gross Receipts Second Group \$ 1.271.005.30					
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE C										
COMMUNITY/ AREA Coolbaugh Township CALL SIGN DSE CALL SIGN	Base Rate Fee First G	roup	\$ 14	,154.36	Base Rate Fee Secon		<u> </u>	-1		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP		
Total DSEs 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA	Coolba	ugh Township		COMMUNITY/ AREA	COMMUNITY/ AREA Hemlock Farms, Blooming Grove, Gre				
Total DSEs 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 2,524,841.60 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.										
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 2,524,841.60 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		····		······································		<u> </u>				
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 2,524,841.60 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				·		·	H			
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ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **BLUE RIDGE CABLE TECHNOLOGIES INC** 27953 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

Cab Work		ble rksheet	Total amount of remittance	s rec'd Initials					
			Date of remittance	_ □Check □EFT	☐FILING FEES				
Cable ID #					Amount Initials				
Examined by		Reviewed by	Date examination completed	Allocation number					
Space A Accounting Period									
	□Janua	ry 1 - June 30, 2017]July 1 - December 31, 2017					
	□Letter	sent	Г	Information received					
	□Accep	ted	С	Phone call/Date/Contact					
Space B Owner									
	Letter	sent	Г	Information received					
	□Accep	ted	Г	Phone call/Date/Contact					
Space D Area Served									
	Letter	sent	Г	Information received					
	□Accep	ted	Г	Phone call/Date/Contact					
Space E Secondary Transission									
Service Subscribers:	□Letter	sent	Г	☐ Information received					
and Rates	□Accep	ited	Г	Phone call/Date/Contact					
Space G Primary Transmitters:									
Television	□Letter	sent]	Information received					
	□Accep	ted		Phone call/Date/Contact					
Space H Primary Transmitters: Radio									
	□Accep	ted		☐Phone call/Date/Contact					

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