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				
3/15/22	\$ 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		2021/2								
Period										
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.										
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Guam Cablevision, LLC								
	DOCOMO PACIFIC									
	380102021									
					38010	2021/2				
		890 S. Marine Corps Drive								
		Tamuning, Guam 96913								
•	INS	TRUCTIONS: In line 1, give any business or trade names used to i	identify the busine	ess and operation of the sys	stem unles	s these				
С	nan	nes already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en in spac	e B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
		(City, town, state, zip code)								
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and r	elist on pa	ge 1b				
Area	with	all communities.								
Served	CITY OR TOWN STATE									
First		Tumon	Guam							
Community	В	elow is a sample for reporting communities if you report multiple ch	· · · · · · · · · · · · · · · · · · ·							
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	GRP#				
Sample	Ald		MD MD	A B		2				
	Ger	ance ina	MD MD	В		3				
	001		1110							

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.

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Guam Cablevision, LLC			38010						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	-	=	ntheses						
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 (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be		up designated by	a number						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Tumon	Guam			First					
				Community					
				Con instructions for					
				See instructions for additional information					
				on alphabetization.					
				Add rows as necessary.					

l	
l	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Guam Cablevision, LLC

38010

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	10,279	\$ 14.96	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			
	<u> </u>		

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	F	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	14.96	Motel, hotel					
 Pay cable—add'l channel 			Commercial			ľ		
 Fire protection 			Pay cable					
•Burglar protection			Pay cable-add'l channel			ľ		
Installation: Residential			Fire protection					
First set	\$	49.95	Burglar protection					
 Additional set(s) 			Other services:					
• FM radio (if separate rate)			Reconnect	\$	25.00	ľ		
Converter			Disconnect			ľ		
			Outlet relocation	\$	49.95	ľ		
			Move to new address	\$	19.99	ľ		
						ľ		

	LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#		
	Guam Cablevis	ion, LLC				38010	Name	
PF	IMARY TRANSMITTI	ERS: TELEVISION	ON					
ca	rried by your cable s	system during	the accountin	g period except	(1) stations carri	ns and low power television stations) ed only on a part-time basis unde rtain network programs [section:	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph								
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran basis under specific FCC rules, regulations, or authorizations:								
	•	. •			he Special Stater	ment and Program Log)—if th։		
	station was carried	•			ماریم مرجم مالم ما ام	******		
• [formation con				titute basis and also on some othe of the general instructions located		
			-			tes such as HBO, ESPN, etc. Identify		
				•	•	nation. For example, report multi ch stream separately; for example		
	ETA-simulcast).	(Z . Oliffaloast	Stroums mus	n be reported in	Coldinii i (iiot ca	on stream separately, for example		
	community of licens	se. For exampl	e, WRC is Cl	-		ation for broadcasting over-the-air ir s may be different from the channe		
		in each case	whether the			dependent station, or a noncommercia		
(fc	or independent multio	cast), "E" (for n	oncommerci	al educational),	or "E-M" (for none	commercial educational multicast)		
	Column 4: If the st	ation is outside	the local se	rvice area, (i.e. '	'distant"), enter "\	the paper SA3 form yes". If not, enter "No". For an ex		
pia	anation of local servi Column 5: If you h					ne paper SA3 form , stating the basis on which you		
	•		-		•	ntering "LAC" if your cable syster		
ca	rried the distant stat	•				I capacity Ity payment because it is the subjec		
of						ystem or an association representin		
	•					ary transmitter, enter the designa		
	٠, ,			•	•	other basis, enter "O." For a furthe ted in the paper SA3 form		
						ity to which the station is licensed by the		
					•	th which the station is identifed		
N	ote: If you are utilizir	ng multiple cha	·	•	•	n channel line-up.	-	
		ı	CHANN	EL LINE-UP	AA		- -	
1.	CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
	SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
K	UAM	NUMBER 8	STATION N	No	(If Distant)	Agana, Guam	<u> </u>	
K	UAM-LP	11	N	No		Agana, Guam	Continue tions for	
K.	TGM	7	N	No		Tamuning, Guam	See instructions for additional information	
		_	_				on alphabetization.	
N	EQI-LP	6	<u> </u>	No		Dededo, Guam		
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Guam Cablevision, LLC 38010 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TORWISASE, LAGE 3.						ACCOUNTING	1 LINIOD. 2021/2	
LEGAL NAME OF OWNER OF Guam Cablevision, LL		TEM:			5	38010	Name	
SUBSTITUTE CARRIAG	F: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every nor	nnetwork televi	sion program broadcast by a	a distant stati C rules, regu	llations, or authorizations	. For a further	 Substitute	
1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				Carriage:	
During the accounting per				sis, any non	network television progr	ram	Special Statement and	
1	proadcast by a distant station?							
-	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS								
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.								
					EN SUBSTITUTE	7. REASON		
	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	<u>1</u>	5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION		
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	BEELTION		
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF C		SYSTEM:						SYSTEM ID# 38010
		·							
Part-Time Carriage Log	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 column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-								
			DATES	S AND HOURS	OF F	PART-TIME CAR	RIAGE		
		WHEN	N CARRIAGE OCCU	IRRED			WHEN	N CARRIAGE OC	CURRED
	CALL SIGN		HOUF	RS		CALL SIGN		НО	URS
		DATE	FROM	TO			DATE	FROM	TO
	N/A		_						
									_
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LEGA	AND EL PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID 3801	Mama							
Inst all a (as i pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see to (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Secondary transmission service(s) (Amount of gross receipts)	K Gross Receipts							
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line									
	2 in block 4 below. Block MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at								
Block 2	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.								
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 \$\frac{1}{2}\$\$ Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE \$\frac{1}{2}\$\$ 0.00								
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here \$								
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger 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. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9	Cable systems submitting additional deposits under Section 111(d)(7)							
	(Interest Worksheet) 0.00 Line 4. FILING FEE. \$ 725.00	should contact the Licensing 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	form for submitting the additional fees.							

ACCOUNTING PERIOD: 2021/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID 2004
	Guam Cablevision, LLC 3801
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
	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 James W. Hofman, II Telephone +1 671 688 2355
	Address 890 S. Marine Corps Drive (Number, street, rural route, apartment, or suite number)
	Tamuning, Guam 96913 (City, town, state, zip)
	Email jhofman@docomopacific.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.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/ James W. Hofman, II
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: James W. Hofman, II
	Title: Chief Legal Officer (Title of official position held in corporation or partnership)
	Date: February 25, 2022

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
Guam Cablevision, LLC 38010	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 the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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 original filing.	
Owner Address	
First community served	
Accounting period	
ID number	

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

LEGAL NAME OF O	OWNER OF CABLE ision, LLC	SYSTEM:					S	YSTEM ID# 38010	Name
In block A: • If your answer if	ck A must be com		part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	ırt 8, (page 16) of	the	6
schedule. • If your answer if "No," complete blocks B and C below.									
			BLOCK A: 1	ELEVISION M	ARKETS				Computation o 3.75 Fee
effect on June 24	m located wholly c , 1981? nplete part 8 of the		•				·	gulations in	3.731 66
X No—Comp	olete blocks B and	C below.							
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	ırther explana	ation of permitte	ed stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfatherec instructions fc E Carried pursua *F A station pre	ules and regued pursuant to as defined all educations of the sched ant to individuation Williams of the station will be statio	lations cited be of the FCC mand in 76.5(kk) (7 all station [76.565) (see paragule). Lall waiver of Fed on a part-timithin grade-B of the control of the con	ne or substitute ba contour, [76.59(d)(se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g sis prior to Ju	n June 24, 198), 76.61(b)(c),) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) tations in the		
Column 3:		e stations ide	ntified by the l	parts 2, 3, and 4 etter "F" in column			orksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
						II		0.00	
								0.00	
		B	LOCK C: CC	MPUTATION O	F 3.75 FEE				
ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule	***************************************			-	
ine 2: Enter the	e sum of permitte	ed DSEs from	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			,		rate.		0.00	
ine 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represer partially
ine 5: Multiply	line 4 by 0.0375	and enter su	ım here				X		permited/ partially nonpermitted
ine 6: Enter tot	al number of DS	Es from line	3				<u>^</u>		carriage? If yes, see par 9 instructions
ine 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)								0.00	

ACCOUNTING PERIOD: 2021/2

	LEGAL NAME OF OWN	NER OF CABLE SYSTE	M:			SYSTEM ID#		
Name	Guam Cablevis	sion, LLC				38010		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3)). 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.							
			FOR STATIONS CARRI			T		
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED		
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE		
7 Computation of the	In block A: 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.							
Syndicated	BLOCK A: MAJOR TELEVISION MARKET							
Exclusivity Surcharge	Is any portion of the control	cable system within a to	op 100 major television marl	ket as defned by section 76	6.5 of FCC rules in effect Ju	une 24, 1981?		
J	l <u>—</u> ` `	blocks B and C .		X No—Proceed to		ŕ		
				7	·			
	BLOCK B: C	arriage of VHF/Grade	B Contour Stations	BLOCI	K C: Computation of Exer	: Computation of Exempt DSEs		
	Is any station listed in commercial VHF stati or in part, over the ca	I in block B of part 7 carrie ble system prior to March 5.159)	31, 1972? (refer					
		tation below with its app and proceed to part 8.	ropriate permitted DSE	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.				
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE		
		·						
		·						
TOTAL DSEs 0.00						SEs 0.00		
				<u> </u>		1		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Guam Cablevision, LLC 3801	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	<u>4</u> 7
Section 2	A. Enter the total DSEs from block B of part 7	
	B. Enter the total number of exempt DSEs from block C of part 7	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below. If the figure is a setting 3 line C is 4,000 as least appropriate your surebases and leaves a setting 3 below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	_
	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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	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:	SYSTEM ID# 38010						
	Guam Cablevision, LLC 388								
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge.							
	Inchry	-61							
8		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							
		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	• If you	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 be	low						
Dase Nate i ee		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 "loc	al						
	service	e area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1								
	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	0.00						
	Section	· ,							
	3								
		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)▶ \$							
		(all distriction 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	<u>. </u>						
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7) Base Rate Fee	_						
	1	Dase Rate Fee.	<u></u> .						