

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

**SA3E  
 Long Form**

Return completed workbook by email to:

[coplicsoa@loc.gov](mailto:coplicsoa@loc.gov)

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

**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

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b> <b>2021/2</b>																										
<b>B</b> Owner	<p><b>Instructions:</b>                  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.  <i>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.</i></p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <span style="float: right;"><b>38010</b></span>																										
	<p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b>  <b>Guam Cablevision, LLC</b>  <b>DOCOMO PACIFIC</b></p> <p style="text-align: right;"><b>380102021/2</b> <b>38010 2021/2</b></p> <p><b>890 S. Marine Corps Drive</b>  <b>Tamuning, Guam 96913</b></p>																										
<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td colspan="3"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3"><b>MAILING ADDRESS OF CABLE SYSTEM:</b></td> </tr> <tr> <td></td> <td colspan="3"><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td colspan="3"><small>(City, town, state, zip code)</small></td> </tr> </table>			1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>			2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b>				<small>(Number, street, rural route, apartment, or suite number)</small>				<small>(City, town, state, zip code)</small>										
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<b>D</b> Area Served  First Community  Sample	<p><b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td><b>Tumon</b></td> <td colspan="3"><b>Guam</b></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 40%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 15%;">STATE</th> <th style="width: 20%;">CH LINE UP</th> <th style="width: 25%;">SUB GRP#</th> </tr> </thead> <tbody> <tr> <td><b>Alda</b></td> <td><b>MD</b></td> <td><b>A</b></td> <td><b>1</b></td> </tr> <tr> <td><b>Alliance</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Gering</b></td> <td><b>MD</b></td> <td><b>B</b></td> <td><b>3</b></td> </tr> </tbody> </table>			CITY OR TOWN	STATE			<b>Tumon</b>	<b>Guam</b>			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	<b>Alda</b>	<b>MD</b>	<b>A</b>	<b>1</b>	<b>Alliance</b>	<b>MD</b>	<b>B</b>	<b>2</b>	<b>Gering</b>	<b>MD</b>	<b>B</b>	<b>3</b>
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<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Guam Cablevision, LLC</b>			<b>SYSTEM ID#</b> <b>38010</b>		
<b>E</b>  <b>Secondary Transmission Service: Subscribers and Rates</b>	<p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b>  <b>In General:</b> 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).  <b>Number of Subscribers:</b> 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).  <b>Rate:</b> 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.  <b>Block 1:</b> 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. <b>Note:</b> 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)."  <b>Block 2:</b> 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.</p>					
	BLOCK 1		BLOCK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	<b>Residential:</b> • Service to first set • Service to additional set(s) • FM radio (if separate rate)	10,279	\$ 14.96			
	<b>Motel, hotel</b>					
	<b>Commercial</b>					
	<b>Converter</b> • Residential • Non-residential					
<b>F</b>  <b>Services Other Than Secondary Transmissions: Rates</b>	<p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b>  <b>In General:</b> 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.  <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.  <b>Block 2:</b> 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.</p>					
	BLOCK 1		BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	<b>Continuing Services:</b> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	\$ 14.96	<b>Installation: Non-residential</b> • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection			
	<b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate) • Converter	\$ 49.95	<b>Other services:</b> • Reconnect • Disconnect • Outlet relocation • Move to new address	\$ 25.00 \$ 49.95 \$ 19.99		












LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Guam Cablevision, LLC</b>	<b>SYSTEM ID#</b> <b>38010</b>	<b>Name</b>												
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file 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.		<b>K</b> <b>Gross Receipts</b>												
<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: right;">\$</td> <td style="width:30%; text-align: right; border: 1px solid black;">922,643.04</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; font-size: small;">(Amount of gross receipts)</td> </tr> </table>			\$	922,643.04			(Amount of gross receipts)							
	\$	922,643.04												
		(Amount of gross receipts)												
<b>COPYRIGHT ROYALTY FEE</b> <b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> <li>• Complete block 1, showing your minimum fee.</li> <li>• Complete block 2, showing whether your system carried any distant television stations.</li> <li>• 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.</li> <li>• 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.                         <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ 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.</li> <li>▶ 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.</li> </ul> </li> </ul>		<b>L</b> <b>Copyright Royalty Fee</b>												
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: right;">\$</td> <td style="width:30%; text-align: right; border: 1px solid black;">922,643.04</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border: 1px solid black;">9,816.92</td> </tr> </table>		\$	922,643.04			9,816.92						
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Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> <li>• Did your cable system carry any distant television stations during the accounting period?  <input type="checkbox"/> Yes—Complete the DSE schedule.     <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.                 </li> </ul>													
Block 3	Line 1. <b>BASE RATE FEE:</b> 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 Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: right;">\$</td> <td style="width:30%; text-align: right; border: 1px solid black;">-</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border: 1px solid black;">0.00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border: 1px solid black;">-</td> </tr> </table>		\$	-			0.00			-			
	\$	-												
		0.00												
		-												
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) Line 4. <b>FILING FEE.</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: right;">\$</td> <td style="width:30%; text-align: right; border: 1px solid black;">9,816.92</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border: 1px solid black;">0.00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border: 1px solid black;">0.00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; border: 1px solid black;">725.00</td> </tr> </table>		\$	9,816.92			0.00			0.00			725.00
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		0.00												
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<b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: right;">\$</td> <td style="width:30%; text-align: right; border: 1px solid black;">10,541.92</td> </tr> </table>		\$	10,541.92									
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Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.												

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Guam Cablevision, LLC</b>	<b>SYSTEM ID#</b> <b>38010</b>
<b>M</b> <b>Channels</b>	<p><b>CHANNELS</b>  <b>Instructions:</b> 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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations . . . . . <span style="border: 1px solid black; padding: 2px 20px;">5</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 2px 20px;">226</span></p>	
<b>N</b> <b>Individual to Be Contacted for Further Information</b>	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name <b>James W. Hofman, II</b> Telephone <b>+1 671 688 2355</b></p> <p>Address <b>890 S. Marine Corps Drive</b> (Number, street, rural route, apartment, or suite number)</p> <p><b>Tamuning, Guam 96913</b> (City, town, state, zip)</p> <p>Email <b>jhofman@docomopacific.com</b> Fax (optional)</p>	
<b>O</b> <b>Certification</b>	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (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</p> <p><input checked="" type="checkbox"/> (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.</p> <ul style="list-style-type: none"> <li>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)]</li> </ul> <p> <span style="border: 1px solid black; padding: 2px 20px; display: inline-block;"><b>X /s/ James W. Hofman, II</b></span></p> <p>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.</p> <p>Typed or printed name: <b>James W. Hofman, II</b></p> <p>Title: <b>Chief Legal Officer</b> (Title of official position held in corporation or partnership)</p> <p>Date: <b>February 25, 2022</b></p>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Guam Cablevision, LLC</b>	<b>SYSTEM ID#</b> <b>38010</b>	<b>Name</b>
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> 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?  <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ _____		<b>P</b>  <b>Special Statement Concerning Gross Receipts Exclusion</b>

Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____
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<b>INTEREST ASSESSMENTS</b>  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.  Line 1 Enter the amount of late payment or underpayment . . . . . _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) . . . . . _____ \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div>  <p style="font-size: small;">* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a>.</p> <p style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small;">NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____	<b>Q</b>  <b>Interest Assessment</b>
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LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Guam Cablevision, LLC</b>						<b>SYSTEM ID#</b> <b>38010</b>		<b>Name</b>		
<p><b>Instructions:</b> Block A must be completed. In block A:</p> <ul style="list-style-type: none"> <li>• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.</li> <li>• If your answer if "No," complete blocks B and C below.</li> </ul>										<b>6</b>
<b>BLOCK A: TELEVISION MARKETS</b>										
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?										
<input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. <input checked="" type="checkbox"/> No—Complete blocks B and C below.										
<b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>										
<p>Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</p> <p>Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</p> <p><b>BASIS OF PERMITTED CARRIAGE</b></p> <p>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]</p> <p>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1))</p> <p>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]</p> <p>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).</p> <p>E Carried pursuant to individual waiver of FCC rules (76.7)</p> <p>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981</p> <p>G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]</p> <p>M Retransmission of a distant multicast stream.</p> <p>Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)</p>										
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		
									<b>0.00</b>	
<b>BLOCK C: COMPUTATION OF 3.75 FEE</b>										
Line 1: Enter the total number of DSEs from part 5 of this schedule									-	
Line 2: Enter the sum of permitted DSEs from block B above									-	
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)									<b>0.00</b>	
Line 4: Enter gross receipts from space K (page 7)									x 0.0375	
Line 5: Multiply line 4 by 0.0375 and enter sum here									x	
Line 6: Enter total number of DSEs from line 3									-	
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)									<b>0.00</b>	

Do any of the DSEs represent partially permitted/partially nonpermitted carriage? If yes, see part 9 instructions.





<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Guam Cablevision, LLC</b>		<b>SYSTEM ID#</b> <b>38010</b>
<b>7</b>  <b>Computation of the Syndicated Exclusivity Surcharge</b>	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>C. Multiply line B by 3.000 and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>F. Multiply line D by line E and enter here . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p><b>Syndicated Exclusivity Surcharge.</b> . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>	
<b>8</b>  <b>Computation of Base Rate Fee</b>	<p><b>Instructions:</b> 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.</p> <ul style="list-style-type: none"> <li>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>• If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>• 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.</li> </ul> <p><b>What is a partially distant station?</b> 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.</p>		
<b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>			
<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</p> <p><input type="checkbox"/> Yes—Complete part 9 of this schedule.                      <input checked="" type="checkbox"/> No—Complete the following sections.</p>			
<b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>			
Section 1	Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$ <b>922,643.04</b>		
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ <b>0.00</b>		
Section 3	<p>If the figure in section 2 is <b>4.000 or less</b>, 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.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1). . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1). . . . . ▶ \$ <b>6,467.73</b></p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. . . . . ▶ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee.</b> . . . . . ▶ \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> -</p>		