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					
02/28/2022	\$					
	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										
B Owner	rate 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									
	Entouch System Inc									
				6091	520212					
				60915	2021/2					
	11011 Richmond Ave, Suite 400									
	Houston, TX 77042-6723									
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sys	stem unles	s these					
С	names already appear in space B. In line 2, give the mailing address of									
System	IDENTIFICATION OF CABLE SYSTEM:									
	1 ETS Cable Vision									
	MAILING ADDRESS OF CABLE SYSTEM:									
	11011 Richmond Ave, Suite 400 (Number, street, rural route, apartment, or suite number)									
	Houston, TX 77042-6723									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and re	elist on pa	ge 1b					
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	Cypress (Blackhourse Ranch)	TX								
Community	Below is a sample for reporting communities if you report multiple ch	iannel line-ups in	Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#					
Sample	Alda	MD	Α		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 Office 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b.			ACCOONT	ING PERIOD: 2021/2				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Entouch System Inc			60915					
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 filings.								
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	ntheses					
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-commu 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 by	a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
Cypress (Blackhourse Ranch)	TX			First				
Cypress (Coles Crossing)	TX			Community				
Cypress (Cypress Creek Lakes)	TX							
Cypress (Lone Oak)	TX							
Cypress (Stablegate)	TX							
Cypress (Westgate) Houston (Berkshire)	TX TX			See instructions for additional information				
Houston (Summerwood)	TX			on alphabetization.				
Katy (Cardiff Ranch)	TX							
Katy (Cinco Southwest)	TX							
Katy (Grayson Lakes)	TX							
Katy (Seven Meadows)	TX			Add rows as necessary.				
Missouri City (Sienna Plantation)	TX							
Missouri City (Riverstone)	TX							
Richmond (Long Meadow Farm)	TX							
Richmond (Riverpark West)	TX							
Richmond (Westeimer Lakes)	TX							
Richmond (Williams Ranch)	TX							
Rosharon (Sterling Lakes)	TX							
Spring (Spring Trails)	TX							
Spring (Gleannloch Farms)	TX							
Sugerland (Aliana) Sugerland (Tellfair)	TX TX							
Sugerland (Riverstone)	TX							
	1.7							

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Entouch System Inc

SYSTEM ID#

60915

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.

BLG	OCK 1	BLOCK 2			
	NO. OF		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RA	TE	
Residential:					
 Service to first set 	4,707	\$ 54.37			
 Service to additional set(s) 	4	\$ 54.37			
 FM radio (if separate rate) 					
Motel, hotel	180	\$ 54.37			
Commercial	135	\$ 54.37			
Converter					
 Residential 					
Non-residential					
	I	T			

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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Expanded Basic	\$ 37.79
 Pay cable—add'l channel 		Commercial		Digital Tier (Premier Pak)	\$ 15.00
 Fire protection 		Pay cable		Sports Tier	\$ 6.95
 Burglar protection 		 Pay cable-add'l channel 		America's Tier	\$ 4.95
Installation: Residential		Fire protection		Premium HD Tier	\$ 3.25
• First set	\$ 89.94	Burglar protection			
 Additional set(s) 	\$ 50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$ 50.00		
Converter		Disconnect			
		Outlet relocation	\$ 50.00		
		 Move to new address 	\$ 50.00		

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTE Entouch System Inc	M:				SYSTEM ID# 60915	Namo	
PRIMARY TRANSMITTERS: TELEVISION							
n General: In space G, identify every tele						_	
carried by your cable system during the a	٠.					G	
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							
pasis under specific FCC rules, regulations			ned by your car	ole system on a si	ubsulute program	Television	
Do not list the station here in space G—		space I (the S	pecial Statemen	t and Program Lo	g)—if the		
station was carried only on a substitute List the station here, and also in space I,		as carried bo	th on a substitut	te basis and also	on some other		
basis. For further information concerning	ng substitute ba	asis stations,	see page (v) of t	he general instruc	ctions located		
in the paper SA3 form. Column 1: List each station's call sign	. Do not report	origination pro	ogram services	such as HBO, ES	PN, etc. Identify		
each multicast stream associated with a s							
ast stream as "WETA-2". Simulcast strea VETA-simulcast).	ams must be rep	ported in colu	mn 1 (list each :	stream separately	; for example		
Column 2: Give the channel number the							
ts community of license. For example, Wi on which your cable system carried the st		4 in Washingt	on, D.C. This m	ay be different fro	om the channel		
Column 3: Indicate in each case whether	her the station i						
educational station, by entering the letter ' for independent multicast), "E" (for nonco							
or the meaning of these terms, see page	(v) of the gene	eral instruction	ns located in the	paper SA3 form.			
Column 4: If the station is outside the					". For an ex-		
planation of local service area, see page (Column 5: If you have entered "Yes" in	n column 4, you	u must comple	ete column 5, sta	ating the basis on			
cable system carried the distant station du carried the distant station on a part-time b					cable system		
For the retransmission of a distant mul					it is the subject		
of a written agreement entered into on or	before June 30	, 2009, betwe	en a cable syste	em or an associat	ion representing		
the cable system and a primary transmitte tion "E" (exempt). For simulcasts, also ent			. ,		9]	
explanation of these three categories, see	e page (v) of the	e general instr	uctions located	in the paper SA3	form.]	
Column 6: Give the location of each st FCC. For Mexican or Canadian stations, it							
Note: If you are utilizing multiple channel							
		CHANN	EL LINE-UP	ΔΔ		†	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
Sign	NUMBER	STATION	(103 01 140)	(If Distant)			
KETH - TBN HD	57	N	No		Houston, TX		
						1	
(FTH - GRIT TV	668	N	No		Houston, TX	See instructions for	
KFTH - UniMAS HD	83 / 298	N	No		Houston, TX	additional informatio on alphabetization.	
KHOU - Bounce	650	N	No		Houston, TX	,	
KHOU - CBS HD	11 / 301	N	No		Houston, TX		
KHOU - True Crime Network	673	N	No		Houston, TX		
KHOU - Quest	672	N	No		Houston, TX		
	•	†				1	
KIAH - Antenna TV	664	N	No		Houston, TX	}	
KIAH - Comet	665	N	No		Houston, TX		
KIAH - Court TV	653	N	No		Houston, TX	ļ	
KIAH - CW HD	5 / 305	N	No		Houston, TX		
KLTJ - Daystar	99	Е	No		Houston, TX]	
						1	
KPRC - Heroes & Icons	671	N	No		Houston, TX	1	
KPRC - MeTV	663	N	No		Houston, TX	{	
KPRC - NBC HD	12 / 302	N	No		Houston, TX		
KPRC - Start TV	674	N	No		Houston, TX	ļ	
KPXB - iON HD	7 / 315	N	No		Houston, TX		
KRIV - FOX HD	9 / 300	N	No		Houston, TX		
	ļ	ti-				1	
KRIV - Decados (was Light TV)	660	N	No		Houston TY		
	669	N	No No		Houston, TX	•	
KTBU - Quest (was Mega TV)	55	N	No		Houston, TX		
KTBU - Quest (was Mega TV)	1						
(TBU - Quest (was Mega TV) (TMD - Telemundo HD	55	N	No		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos	55 6 / 307	N N	No No		Houston, TX Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD	55 6 / 307 651 13 / 304	N N N	No No No No		Houston, TX Houston, TX Houston, TX Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF	55 6 / 307 651 13 / 304 662	N N N N	No No No No		Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD	55 6 / 307 651 13 / 304 662 661	N N N N	No No No No No		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr	55 6/307 651 13/304 662 661 675	N N N N N	No No No No No No		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr	55 6 / 307 651 13 / 304 662 661	N N N N	No No No No No		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies	55 6/307 651 13/304 662 661 675	N N N N N	No No No No No No		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD	55 6 / 307 651 13 / 304 662 661 675	N N N N N N	NO		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD KUBE - The Kube HD	55 6/307 651 13/304 662 661 675 670 4/306	N N N N N N N N N N N N N N N N N N N	No N		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD KUBE - The Kube HD	55 6/307 651 13/304 662 661 675 670 4/306 56	N N N N N N N N N N N N N N N N N N N	No N		Houston, TX		
KRIV - Decades (was Light TV) KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD KUBE - The Kube HD KUHT - PBS HD	55 6/307 651 13/304 662 661 675 670 4/306 56 658 8/303	N N N N N N N N N N N N N N N N N N N	No N		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD KUBE - The Kube HD KUHT - Create KUHT - PBS HD	55 6 / 307 651 13 / 304 662 661 675 670 4 / 306 56 658 8 / 303 124	N N N N N N N N N N N N N N N N N N N	NO N		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD KUBE - The Kube HD KUHT - Create KUHT - PBS HD KUHT - PBS Kids KXLN - Court TV Mystery	55 6 / 307 651 13 / 304 662 661 675 670 4 / 306 56 658 8 / 303 124 667	N N N N N N N N N N N N N N N N N N N	NO N		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD KUBE - The Kube HD KUHT - Create KUHT - PBS HD	55 6 / 307 651 13 / 304 662 661 675 670 4 / 306 56 658 8 / 303 124	N N N N N N N N N N N N N N N N N N N	NO N		Houston, TX		
KTBU - Quest (was Mega TV) KTMD - Telemundo HD KTMD - TeleXitos KTRK - ABC HD KTRK - LAFF KTRK - Live Well HD KTXH - Buzzr KTXH - Movies KTXH - My TV HD KUBE - The Kube HD KUHT - Create KUHT - PBS HD KUHT - PBS Kids KXLN - Court TV Mystery	55 6 / 307 651 13 / 304 662 661 675 670 4 / 306 56 658 8 / 303 124 667	N N N N N N N N N N N N N N N N N N N	NO N		Houston, TX		

U.S. Copyright Office

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 60915 **Entouch System 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. 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 LOCATION OF STATION S/D

FURINI SAJE. PAGE 5.						ACCOUNTING	1 PERIOD: 2021/2		
LEGAL NAME OF OWNER OF Entouch System Inc	CABLE SYS	TEM:			S	YSTEM ID# 60915	Namo		
Lintouch System inc						60915			
SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every no	nnetwork televi	sion program broadcast by ecific present and former F0	a distant statio	lations, or authorizations.	For a further	Substitute		
	T CONCE	RNING SURS	TITLITE CARRIAGE				Carriage: Special		
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
broadcast by a distant station? Yes XNo 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.	, louvo un	7 100t 01 till0 pt	igo biariit. Ii your anower i	o 100, you	made demplote the prog	ıam			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every na distant state gulations, ation. Do n Lucy" or "N m was broad sign of the eadcast state and and the eadcast state of the	am on a separ attach additio connetwork tele ition and that y or authorizatio ot use general BA Basketball adcast live, ent station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed prograr ions in effect of	nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the gr categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the estem carried the substitut rogram was carried by you ried by a system from 6:0 m was substituted for prog during the accounting perio	program) the ted for the program instruction "basketbal" "No." ram. The station is like station is like program. Unit cable system in the cable system in the cable of the cable framming that but, enter the	at, during the accounting ogramming of another so tions located in the pap li". List specific program decensed by the FCC or, identified). Use numerals, with the materials and program accurates accurates accurate the sem. List the times accurate	g station er in nonth stely			
					EN SUBSTITUTE	7. REASON			
S	Ī	E PROGRAM	1		IAGE OCCURRED 6. TIMES	FOR			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	DELETION			
					_				
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Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

LEGA	AL NAME OF OWNER OF CABLE SYSTEM: touch System Inc	SYSTEM ID# 60915	Name					
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.								
 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 pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in blo elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.							
MINIMUM FEE: 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.								
Block 2	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave 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.							
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 \$ Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	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	0.00	Cable systems submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	725.00	additional fees. Division for the appropriate form for submitting the					
	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.)	-,	additional fees.					

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

				FORIVI SASE, FAGE 6.						
Name	LEGAL NAME OF OWNER (STEM:	SYSTEM ID#						
	Entouch System I	nc		60915						
	CHANNELS									
M	Instructions: You n	nust give	1) the number of channels on which the cable system carried television broadcast stati	ions						
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels		to the subscribere and (2) the same system streament of activated charmers, during the accounting period.								
	1. Enter the total nu	mber of cl	annels on which the cable	36						
	system carried tele	vision bro	adcast stations							
	2. Enter the total nu									
		•	arried television broadcast stations	307						
	and nonbroadcast	services.								
. .	INDIVIDUAL TO DE	CONTA	TED IF FUNTUED INFORMATION IN NEFFEED (Identify and individual							
N	we can contact abou		ETED IF FURTHER INFORMATION IS NEEDED: (Identify an individual element of account)							
Individual to	no san semaet abet									
Be Contacted										
for Further	Name Bernac	lette Ko	kolus Telephone (7	32) 443-7090						
Information										
	Address 650 Co	lleae R	pad East, Suite 3100							
			ute, apartment, or suite number)							
	Princet	on, NJ	08540							
	(City, town,	state, zip)								
	C mail	horno	lette.kokolus@gmail.com Fax (optional)							
	Email	Dellia	lette.kokolus@gmail.com Fax (optional)							
	CERTIFICATION (Th	s stateme	nt of account must be certifed and signed in accordance with Copyright Office regulation	ons.)						
0										
Certifcation	• I, the undersigned, h	ereby cer	fy that (Check one, but only one, of the boxes.)							
	(Owner other tha	n corpora	ion or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	r						
			corporation or partnership) I am the duly authorized agent of the owner of the cable syst hat the owner is not a corporation or partnership; or	tem as identified						
		ioo B ana	nation of the a surpotation of particular, or							
	(Officer or partner in line 1 of spartner)		officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	of the cable system						
	iii iiile i oi spa	ice b.								
			of account and hereby declare under penalty of law that all statements of fact contained here	erein						
	are true, complete, ar [18 U.S.C., Section 1		o the best of my knowledge, information, and belief, and are made in good faith.							
	į. o 2	()								
		Χ	/s/ Parisa Salehani							
		Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.							
			John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the ien type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibute.							
			, , , , , , , , , , , , , , , , , , ,	,g						
		Typed o	r printed name: Parisa Salehani							

		Title:	Sonior Vice President Controller							
		Title:	Senior Vice President, Controller (Title of official position held in corporation or partnership)							
		Date:	February 28, 2022							
		Date:	February 28, 2022							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Entouch System Inc 60915	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 Name 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	
X 0.00274	-
* 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	

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

DOL GOTTLEBOLL: 1 70	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1		E 3131EWI.			J.	60915				
	Entouch System Inc					00313				
	SUM OF DSEs OF CATEGOR		NS:							
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.00									
2	Instructions:									
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
Computation	of space G (page 3). In the column headed "DSE"	': for each indep	endent station, give the DSF	F as "1.0": for	each network or noncom-					
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"	CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
l				<u> </u>						

Name	Entouch Sys	OWNER OF CABLE SYSTEM:					S	YSTEM ID# 60915
	Entouch Sys	stem mc						60915
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-	st the call sign of all distants: For each station, give the correspond with the information of the correspond with the information of the color of	ne number of mation given ne total numb mn 2 by the final point. This station, give the umn 4 by the	hours your cable syste in space J. Calculate or er of hours that the statingure in column 3, and is is the "basis of carriage "type-value" as "1.0."	m carried the starnly one DSE for ettion broadcast over give the result in ge value" for the second process. The second give the result in the second give give the second give give the second give give give give give give give give	tion during the accounting each station. er the air during the acco decimals in column 4. Th station. rk or noncommercial edu- n column 6. Round to no	unting period. is figure must cational station,	
Capacity		C	ATEGORY	Y LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	SE
			÷		=	x	=	
			÷		= =	x x	·····	
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC Soft each station. Im here and in line 2 of page		chedule,	>	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer broadcast of space I). Column 2: at your option. Column 3: Column 4: I	e the call sign of each sta I by your system in substi ict on October 19, 1976 (a ine or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE (tution for a pi as shown by ork programs on number of live spond with the in the calence on 2 by the fig	rogram that your system the letter "P" in column during that optional carr re, nonnetwork program e information in space I dar year: 365, except in ure in column 3, and gi	n was permitted to 7 of space 1); and it is get (as shown by the carried in substance). a leap year. we the result in co	to delete under FCC rules de the word "Yes" in column de titution for programs that blumn 4. Round to no less	2 of were deleted s than the third	m).
		SU	BSTITUTE	-BASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		<u> </u>		-		=
		÷						
		÷		=		=	-	=
		÷ ÷					-	=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS			0.00		
5		ER OF DSEs: Give the amo		e boxes in parts 2, 3, and	I 4 of this schedule	e and add them to provide	the total	
Total Number	1. Number o	f DSEs from part 2 ●				>	0.00	
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>	0.00	
	3. Number o	f DSEs from part 4 ●				<u> </u>	0.00	
	TOTAL NUMBE	R OF DSEs						0.00

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

LEGAL NAME OF C	OWNER OF CABLE em Inc	SYSTEM:					S	YSTEM ID# 60915	Name
In block A: • If your answer if schedule.	ck A must be com "Yes," leave the re "No," complete blo	emainder of p	below.			nd complete pa	art 8, (page 16) of	f the	6
			BLOCK A: 1	ELEVISION M.	ARKETS				Computation of 3.75 Fee
effect on June 24,	m located wholly o , 1981? nplete part 8 of the plete blocks B and	schedule—[•					gulations in	56135
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	ziot allo dan digito di dictanti dictanti noto in part zi, di allo dello dillo di cati y dan di citati por intere di cati y								
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.) 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)] 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) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 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)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on pag	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	
								0.00	
								0.00	
		В	SLOCK C: CC	MPUTATION OI	F 3.75 FEE				
	e total number of		•				116	-	
Line 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		i rate.	11.	0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter total	Line 6: Enter total number of DSEs from line 3								
Line 7: Multiply I	ine 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)							0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Entouch System Inc** 60915 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) 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 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? X 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) X Yes—List each station below with its appropriate permitted DSE X Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8. No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Entouch System Inc	SYSTEM ID# 60915	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,133,574.75	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? 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 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 60915						
	ı	Entouch System Inc	00913						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge.	<u> </u>						
	Instru	ctions:							
8	You m	oust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	t						
_		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov c.	N						
	What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.							
	Service	e alea, see page (v) of the general instituctions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?							
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
	0 "	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)	5_						
	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)0						
	Section								
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.							
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts (the amount in section 1)							
		(and annount 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	_						
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7)	_						
		Base Rate Fee	<u> </u>						

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

LEGAL NAME OF OWNER OF OARLE OVOTEN.	OVOTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Entouch System Inc	60915	
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		8
(the amount in section 1) 		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of
		Base Rate Fee
C. Multiply line B by 3.000 and enter here >		
D. Enter 0.00330 of gross receipts (the amount in section 1) **State of the image		
(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 be shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multips in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base r	ate fee. to exclude	0
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To		Computation of
this exclusion, you must:		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are di	stant to the same	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Dete	ermine the number of	Syndicated Exclusivity
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate		Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your syste		for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exer must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block However, if your cable system is wholly located outside all major television markets, complete block A only.		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	ant station you	Permitted
carried to that community.	ant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers voutside the station's local service area. A subscriber located outside the local service area of a station is distant to 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 d subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. It system will have only one subscriber group when the distant stations it carried have local service areas that coincide	Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of yo subscriber groups.	ur system's	
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 distart subscribers in the group.	nt to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gand 4 of this schedule; or,	ave it in parts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.	e it in 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 ge in the paper SA3 form.	eneral instructions	
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule of 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 your actual calculations on the form. 	oup (that is, the total	

LEGAL NAME OF OWNI		LE SYSTEM:				S	60915	Name
E		COMPUTATION O		TE FEES FOR EAG		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA Houston, TX			COMMUNITY/ ARE			0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
								Base Rate and
								Syndicat
								Exclusiv
								Surchard for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	s 2.13	3,574.75	Gross Receipts Second Group \$ 0.00				
orodo reddolpto r not e	лоцр	<u> </u>		Cross recorpts con	ona Group	<u>*</u>		
Base Rate Fee First C	Froup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
2014111117//4254	THIRD	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				Ш				
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$	0.00	
	5, 10 1,	-Fago 1				▼	3.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Entouch System I		E SYSTEM:				S	YSTEM ID# 60915	Name
В		COMPUTATION OI SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA Houston, TX			COMMUNITY/ AREA	A		0	9 Commutation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
		-				_		Partially
								Distant Stations
							0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	\$ 2,133	3,574.75	Gross Receipts Sec	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO		FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Four	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00		
				ll				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$	0.00	

ACCOUNTING PERIOD: 2021/2

FORM SA3F PAGE 20

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:						
Name	Entouch System Inc	60918						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus 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	First FO major talaviajan market	Casend 50 major television market						
of Base Rate Fee and	☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: 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 Exclusivity Surcharge for Partially Distant Stations	 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 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
		SECOND SUBSCINIDEN GNOOP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group						
	subject to the surcharge computation	subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the						
	total number of DSEs for this subscriber group subject to the surcharge computation	total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)							