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							
3-2-23	\$							
	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 STATE	MENT:							
Accounting Period	2022/2								
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SY	STEM							
	Entouch System Inc								
				6091520222 60915 2022/2					
	11011 Richmond Ave, Suite 400 Houston, TX 77042-6723								
С	INSTRUCTIONS: In line 1, give any business or trade name	,							
System	names already appear in space B. In line 2, give the mailing  1 IDENTIFICATION OF CABLE SYSTEM:  ETS Cable Vision	address of the system, if diffe	erent from the address give	n in space в.					
	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 only the frst comm	nunity served below and rel	ist on page 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 channel 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 Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			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 first 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.										
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).										
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.										
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)	TX			See instructions for						
Houston (Berkshire)	TX			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)	TX									
Sugerland (Tellfair)	TX									
Sugerland (Riverstone)	TX									
ougenand (Aversione)										

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.

BLO	OCK 1			BLOCK 2				
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
Service to first set	4,707	\$	54.37					
<ul> <li>Service to additional set(s)</li> </ul>	4	\$	54.37					
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	180	\$	54.37					
Commercial	135	\$	54.37					
Converter								
Residential								
Non-residential								
	1	1		ıſ		I	1	

## F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLO	CK 1			BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	F	RATE		
Continuing Services:			Installation: Non-residential					
Pay cable			Motel, hotel			Expanded Basic	\$	37.79
<ul> <li>Pay cable—add'l channel</li> </ul>	ļ		Commercial			Digital Tier (Premier Pak)	\$	15.00
Fire protection	ļ		Pay cable	• Pay cable			\$	6.95
Burglar protection		•••••	Pay cable-add'l channel			America's Tier	\$	4.95
Installation: Residential	ļ		Fire protection			Premium HD Tier	\$	3.25
First set	\$	89.94	Burglar protection					
<ul> <li>Additional set(s)</li> </ul>	\$	50.00	Other services:					
<ul> <li>FM radio (if separate rate)</li> </ul>	ļ		Reconnect	\$	50.00			
Converter		•••••	Disconnect					
		•••••	Outlet relocation	\$	50.00			
			Move to new address	\$	50.00			

SYSTEM ID# EGAL NAME OF OWNER OF CARLE SYSTEM: Entouch System Inc 60915 n General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO. ESPN. etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report multiast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately: for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes", If not, enter "No", For an exnation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5. stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designaion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further xplanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 1. DISTANT? . BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER (If Distant) KETH - TBN HD Houston, TX 57 Ν No KFTH - GRIT TV 668 Ν No Houston, TX e instructions for dditional information o KFTH - UniMAS HD 83 / 298 Ν No Houston, TX Iphabetization. KHOU - Bounce 650 Ν No Houston, TX KHOU - CBS HD 11 / 301 Ν No Houston, TX KHOU - True Crime Network 673 Ν No Houston, TX KHOU - Quest 672 Ν No Houston, TX KIAH - Antenna TV 664 N No Houston, TX KIAH - Comet 665 Houston, TX Ν No KIAH - Court TV 653 Ν No Houston, TX KIAH - CW HD 5 / 305 N No Houston, TX KLTJ - Daystar 99 Ε No Houston, TX KPRC - Heroes & Icons 671 Ν No Houston, TX Houston, TX **KPRC - MeTV** 663 Ν No KPRC - NBC HD 12 / 302 Ν No Houston, TX Houston, TX KPRC - Start TV 674 N No KPXB - iON HD 7 / 315 Ν No Houston, TX KRIV - FOX HD 9 / 300 No Houston, TX N KRIV - Decades (was Light TV) 669 Ν No Houston, TX KTBU - Quest (was Mega TV) Ν No Houston, TX 55 KTMD - Telemundo HD 6 / 307 N No Houston, TX KTMD - TeleXitos 651 Ν No Houston, TX KTRK - ABC HD 13 / 304 Ν Houston, TX No KTRK - LAFF 662 N No Houston, TX Houston, TX KTRK - Live Well HD 661 N No KTXH - Buzzr Ν No Houston, TX 675 KTXH - Movies 670 Ν Houston, TX No 4 / 306 KTXH - My TV HD Ν Houston, TX No KUBE - The Kube HD Houston, TX 56 Ν No **KUHT - Create** 658 Houston, TX Ν No KUHT - PBS HD 8 / 303 Ν No Houston, TX **KUHT - PBS Kids** 124 Ν No Houston, TX **KXLN - Court TV Mystery** 667 Ν No Houston, TX **KXLN - Univision HD** 10 / 299 N Houston, TX No KYAZ - Azteca Houston, TX 2 Ν No KZJL - Estrella TV 54 Ν No Houston, TX

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

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

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2022/2			
LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	Nama			
Entouch System Inc							60915	Name			
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEMEN	IT AND PROGRAM LOG	ì				ı			
In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC0	C rules, regula	tions, or a	uthorizations.	For a further	Substitute			
explanation of the programm				general instru	ictions loc	ated in the pa	per SA3 form.	Carriage:			
1. SPECIAL STATEMEN	_							Special			
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast 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											
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st comple	te the progra	m				
2. LOG OF SUBSTITUT	E PROGRA	MS									
In General: List each subs				wherever pos	sible, if the	eir meaning i	s				
clear. If you need more spa					al						
period, was broadcast by a			sion program (substitute p ur cable system substituted				ation				
under certain FCC rules, re											
SA3 form for futher informa				"basketball".	List spec	ific program					
titles, for example, "I Love I			76ers vs. Bulls." r "Yes." Otherwise enter "N	o "							
			isting the substitute progra								
			ne community to which the		nsed by th	ne FCC or, in					
the case of Mexican or Car											
first. Example: for May 7 gi		when your syst	tem carried the substitute p	orogram. Use	numerals	, with the mo	nth				
. , , ,		substitute pro	gram was carried by your o	able system.	List the ti	mes accurate	ely				
to the nearest five minutes.											
stated as "6:00-6:30 p.m."	"D" :£ 4	li-4- d			- · · · · · · · · · · · · · · · · · · ·		1				
to delete under FCC rules			was substituted for progra				ea				
gram was substituted for pr											
effect on October 19, 1976											
				WHE	EN SUBS	TITUTE					
S	SUBSTITUT	TE PROGRAM	1			CURRED	7. REASON FOR				
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		. TIMES	DELETION				
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>					
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	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Ent	ouch System Inc	60915	Name						
all a (as pag	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.  Accounting the deficiency of the system's secondary transmission service (s)  \$\frac{2,609,144.48}{(Amount of gross receipts)}\$								
• Con • Con • If you fee • If you accompany	TRIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable par ompanying this form and attach the schedule to your statement of account.	ts of the DSE Schedule	L Copyright Royalty Fee						
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of							
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	ntered on line 2 in block							
▶ If pa 2 in	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered on line							
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.								
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 2,609,144.48							
	Enter the result here. This is your minimum fee.	\$ 27,761.30							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	n 4, you must check d?							
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	0.00							
	Line 3. Add lines 1 and 2 and enter here	\$ -							
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	\$ 27,761.30	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.								
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)								
	Line 4. FILING FEE								
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here								
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) of the	additional fees.						

ACCOUNTING PERIOD: 2022/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Entouch System Inc	SYSTEM ID# 60915
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.  36	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Gregory Russo Telephone 732-580-6085	
	Address 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)  Princeton, NJ 08540	
	(City, town, state, zip)  Email gregory.russo@astound.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 identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 syste in line 1 of space B.	m
	<ul> <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>	
	X /s/ Parisa Salehani	
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	) "F2"
	Typed or printed name: Parisa Salehani	
	Title: Senior Vice President, Controller  (Title of official position held in corporation or partnership)	
	Date: March 1, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Entouch System Inc  60915	Namo
Entouch System Inc 60915	1
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	
x 0.00274	_
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	

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

**ACCOUNTING PERIOD: 2022/2** 

DSE SCHEDULE, PAGE 11. (CONTINUED)

Entuce Mystem Inc.  Entuce Mystem Inc.  SUM OF DEE OF CATEGORY "O" STATIONS: - Add the DSEs of each station: Entire he sum here and in the 1 of part 5 of this schedule.  Computation of DSEs for CALL SIGN  Stations  Add rows as necessary. Remember to copy all formula into new rows.  Add rows as necessary. Remember to copy all formula into new rows.  Add rows as necessary. Remember to copy all formula into new rows.  Add rows as necessary. Remember to copy all formula into new rows.  Add rows as necessary. Remember to copy all formula into new rows.  Add rows as necessary. Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows as necessary.  Add rows a	DSE SCHEDULE. PAGE	11. (CONTINUED)													
SUM OF DSEs OF CATEGORY "O" STATIONS: - Add the DSEs of each station. Either the sum here and in line 1 of part 5 of this schedule.  Computation of DSEs for Category "O" Stations  Add rows as necessary.  Remember to copy all formula into new rows.  Add rows.	4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S	STEM ID#								
Add rows as necessary. Remember to copy all formula into new rows.  Add rows.  Add rows as necessary.		Entouch System Inc					60915								
Add rows as necessary. Remember to copy all formula into new rows.  Add rows.  Add rows as necessary.		SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:											
Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space 5 (Fage 3). In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space 5 (Fage 3). In the column headed "DSE" is reach independent station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each network or noncommercial adductational station, give the DSE as "1.0"; for each		<ul> <li>Add the DSEs of each station</li> </ul>	-												
Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.		Enter the sum here and in line	1 of part 5 of this	schedule.		0.00									
Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.	2	Instructions:													
Computation of DSEs for Category "O" Stations  Add rows as necessary. Remember to copy all formula into new rows.			<b>sign</b> ": list the cal	I signs of all distant stations i	dentified by the	e letter "O" in column 5									
mercial educational station, give the DSE as "25."  Stations  CALL SIGN DSE CALL SIGN	Computation	In the column headed "DSE"	the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
Stations  CALL SIGN DSE CALL S			cial educational station, give the DSE as ".25."												
Add rows as necessary. Remember to copy all formula into new rows.	Category "O"			CATEGORY "O" STATION	S: DSEs										
necessary. Remember to copy all formula into new rows.	Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE								
necessary. Remember to copy all formula into new rows.															
necessary. Remember to copy all formula into new rows.															
necessary. Remember to copy all formula into new rows.															
necessary. Remember to copy all formula into new rows.															
necessary. Remember to copy all formula into new rows.															
Remember to copy all formula into new rows.	Add rows as														
formula into new rows.	-														
rows.	Remember to copy all														
	formula into new		<b></b>												
	rows.														
			<b></b>												
			<b> </b>												

Name	Entouch Sys	OWNER OF CABLE SYSTEM:						SYSTEM ID# 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-V	st the call sign of all distant: For each station, give the correspond with the information: For each station, give the Divide the figure in colurnat least to the third decimation for each independent states.	ne number of he nation given in the total number of the figure of the fi	ours your cable system space J. Calculate only r of hours that the statio pure in column 3, and gives the "basis of carriage e "type-value" as "1.0." Finding the column 5, and gives in column 5, and gives i	carried the station one DSE for each proadcast over the result in devalue" for the state or each network the result in control or each network the	n during the accounth station.  the air during the accimals in column 4.  tion.  or noncommercial e	ccounting period. This figure must ducational station, no less than the	
Capacity		(	CATEGOR	Y LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		YPE 'ALUE	6. DSE
			÷		=		=	
			÷ -		=		<u>_</u>	
			÷		=	x x		
					=		=	
							=	
					=	x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: lat your option. Column 3: Column 4:	of each station.  m here and in line 2 of pa  e the call sign of each stat by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo  For each station give the r This figure should corresp  Enter the number of days  Divide the figure in column  This is the station's DSE (I	tion listed in spution for a pro- us shown by the rk programs dunumber of live, pond with the in the calendan 2 by the figure	pace I (page 5, the Log gram that your system we letter "P" in column 7 uring that optional carriage, nonnetwork programs information in space I.  r year: 365, except in a re in column 3, and give	of Substitute Progvas permitted to cof space I); and ge (as shown by the carried in substitute leap year.	grams) if that station delete under FCC ru ne word "Yes" in colu ution for programs th	les and regular- mn 2 of nat were deleted ess than the third	form).
		`		<u> </u>	,			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DAY IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRA	3. NUM OF D	AYS
		-	-	=			÷	=
							<del>-</del>	
		-		=			÷	=
		+	+	=			÷	=
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		edule,			0.00	-
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	and add them to pro	vide the total	
Total Number	1. Number	of DSEs from part 2 ●				<b>-</b>	0.00	
of DSEs	2. Number	of DSEs from part 3 ●				<b>-</b>	0.00	
	3. Number	of DSEs from part 4 ●				<b>-</b>	0.00	
	TOTAL NUMBE	R OF DSEs					<b>&gt;</b>	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF O	WNER OF CABLE S	YSTEM:					S	YSTEM ID#		
Entouch Syste	m Inc							60915	Name	
Instructions: Bloc In block A: • If your answer if " schedule. • If your answer if "	Yes," leave the rer	mainder of pa	•	of the DSE schedu	ule blank and (	complete part	8, (page 16) of the	:	6	
BLOCK A: TELEVISION MARKETS										
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?  Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.  No—Complete blocks B and C below.  BLOCK B: CARRIAGE OF PERMITTED DSEs										
Caluman 1.	11.44						*** ***			
Column 1: CALL SIGN	under FCC rules instructions for the	and regulation e DSE Sche	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanation	on of permitted	d stations, see the			
Satellite Television Extension and Localism Act of 2010.)  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:		stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 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		
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE					
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				-		
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				-		
Line 3: Subtract I (If zero, le				of DSEs subject 7 of this schedule		ate.		0.00		
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially	
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter su	m here				X		permited/ partially nonpermitted	
Line 6: Enter tota	al number of DSE	s from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.	
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e 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 identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Substitute 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 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** Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Surcharge 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 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Entouch System Inc  6091	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	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 defined by the FCC?  Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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	<del> </del>
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Entouch System Inc									
	<u> </u>									
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								
8 Computation of Base Rate Fee	<ul> <li>6 was checked "Yes," use the total number of DSEs from part 5.</li> <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</li> </ul>									
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did w	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	- Did yo	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
	L	Yes—Complete part 9 of this schedule.  X No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section  1 Enter the amount of gross receipts from space K (page 7)									
	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.)	0.00							
	Section 3	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.  A. Enter 0.01064 of gross receipts								
		(the amount in section 1)	<u>-</u>							
		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								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/2

	ILDULL. PAGE 17.	Accoontine	3 1 ENIOD: 2022/2				
		SYSTEM ID#	Name				
Ento	uch 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.						
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8				
	`	-					
	B. Enter 0.00701 of gross receipts  (the amount in section 1)  **S		Computation of				
	C. Multiply line B by 3.000 and enter here <b>▶</b> \$		Base Rate Fee				
	D. Enter 0.00330 of gross receipts						
	(the amount in section 1) \$						
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here						
	F. Multiply line D by line E and enter here <b>&gt;</b> \$						
	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					
	Dase Nate i ee						
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel	•	9				
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,	to exclude	Computation				
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad on, you must:		of				
			Base Rate Fee and				
station	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for $\epsilon$	he number of	Syndicated Exclusivity				
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for				
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in parampute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belocable 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 Permitted				
_	: For each community served, determine the local service area of each wholly distant and each partially distant static to that community.	on you	Stations				
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc- the station's local service area. A subscriber located outside the local service area of a station is distant to that station is distant to the station is distant to the station.						
	oken, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E	ach					
subscr	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha will have only one subscriber group when the distant stations it carried have local service areas that coincide.						
Comp groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste.	m's subscriber					
	a section:						
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all o	of the					
	bers in the group.	21 till 5					
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in s schedule; or,	parts 2, 3, and					
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ock B,					
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.						
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.							
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need	t is, the total					

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

actual calculations on the form.

LEGAL NAME OF OWNE Entouch System II		E SYSTEM:				\$	60915	Name
I	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
		SUBSCRIBER GROU	P		SECONE	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA Houston, TX				COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
3.12.3.0.1								Base Rate Fee
								and
								Syndicated
	<u></u>							Exclusivity
								Surcharge
	<u> </u>							for
	<del> </del>							Partially Distant
							·····	Stations
	·	<del> </del>					·····	5.2
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,609	,144.48	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
				.				
	<u></u>							
	<del>.</del>							
	·	<del> </del>					·····	
				.				
	·							
Total DSEs	-		0.00	Total DSEs		-	0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add th	e base rate	e fees for each subscri	ber group a	s shown in the boxes a	bove.		0.00	
Enter here and in block	პ, iine 1, s	pace L (page /)				\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE		E SYSTEM:	_				60915	Name
Į.		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA Houston, TX				COMMUNITY/ AREA	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
					······			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2,60	9,144.48	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRD SUBSCRIBER GROUP				COMMUNITY/ADE				
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					······			
			···					
			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	above.	\$	0.00	

**ACCOUNTING PERIOD: 2022/2** FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Entouch System Inc** 60915 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 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 50 major television market | | Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated 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 **Exclusivity** Surcharge Exempt DSEs in block C. part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

Radio

\_\_\_ Accepted

Cable Worksheet		Total amount of remittance	Numb	er of SAs rec'd	Initials				
			Date of remittance	Check	EFT	FILII	NG FEES		
Cable ID #						Amount	Initials		
Examined by	F	Reviewed by	Date examination completed	Allocation	number				
Space A Accounting Period									
	Janua	ary 1 - June 30, 2017		July 1 - Decemb	per 31, 2017				
	Letter	rsent		Information reco	eived				
	Accep	oted		Phone call/Date	/Contact				
Space B Owner									
	Lette	r sent		Information rec	eived				
	Accep	oted		Phone call/Date	/Contact				
Space D Area Served									
	Lette	rsent		Information reco	eived				
	Accep	oted		Phone call/Date	/Contact				
Space E Secondary Transission									
Service Subscribers:	Lette	r sent		☐ Information received					
and Rates	Accep	oted	Phone call/Date/Contact						
Space G Primary Transmitters:									
Television	Letter	rsent	-	☐ Information received					
	Accep	oted		Phone call/Date	/Contact				
Space H Primary Transmitters:									

☐ Phone call/Date/Contact

		Space I Substitute
		Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
	☐ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	_
		Space K Gross Receipts
Letter sent	Information received	1
Letter sent	Phone call/Date/Contact	-
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	-
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	