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					
8/23/23	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2023/1				
B	rate	tructions:  Give the full legal name of the owner of the cable system. If the owner is a settle of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire accounting the covering the entire accounting the	ss of the cable system on the last day of the unting period.	m. e accounting period should su		462
	LE	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CABLE ONE, INC.				
					007462202	22
					007462 2023/	/1
		210 E. EARLL DRIVE PHOENIX, AZ 85012-2626				
С		STRUCTIONS: In line 1, give any business or trade names used to it mes already appear in space B. In line 2, give the mailing address of				
System	1	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	-			
	2	MAILING ADDRESS OF CABLE SYSTEM: 900 STEUBEN STREET (Number, street, rural route, apartment, or suite number) SIOUX CITY, IA 51101 (City, town, state, zip code)				
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	st on page 1b	
Area Served	wit	h all communities.  CITY OR TOWN	STATE			
First		SIOUX CITY	IA			
Community	В	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.  CH LINE UP	SUB GRP#	
	Ald		MD	A A	30B GIVF#	
Sample	-	ance	MD	В	2	
	Gei	ring	MD	В	3	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 007462 CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE SIOUX CITY IA AB 3 First **DAKOTA CITY** NE 1 AA Community 2 **DAKOTA COUNTY** NE AA **DAKOTA DUNES** SD AB 3 3 NORTH SIOUX CITY SD AB SERGEANT BLUFF IA AB 3 See instructions for **SOUTH SIOUX CITY** 2 NE AA additional information on alphabetization. Add rows as necessary.

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	1	i '	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007462

### 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.

BL	OCK 1		BLOCK 2				
	NO. OF		NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATI	E	
Residential:							
<ul> <li>Service to first set</li> </ul>			IPTV	2,507	\$ 54	4.00	
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	62	\$ 79.95	IPTV - COMMERCIAL	64	\$ 79	9.95	
Converter							
<ul> <li>Residential</li> </ul>							
<ul> <li>Non-residential</li> </ul>							
	<b> </b>	h			†·····	•••••	

### 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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential 67.75 Pav cable 10.99 - 19.00 · Motel. hotel STANDARD IPTV **DIGITAL VALUE PACK** 16.00 • Pay cable—add'l channel Commercial Fire protection Pay cable **HISPANIC TIER** 6.00 Burglar protection • Pay cable-add'l channel Installation: Residential Fire protection First set 30.00 · Burglar protection 30.00-60.00 Additional set(s) Other services: • FM radio (if separate rate) Reconnect 30.00 Converter Disconnect Outlet relocation · Move to new address 30.00

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
007462

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KTIV	14	N	No		SIOUX CITY, IA	
KTIV-2	14.2	I-M	No		SIOUX CITY, IA	
KTIV-3	14.3	I-M	No		SIOUX CITY, IA	
KCAU	9	N	No		SIOUX CITY, IA	
KTIV-4	14.4	I-M	No		SIOUX CITY, IA	
KUSD	34	Е	No		VERMILLION, SD	
KCAU-2	9.2	I-M	No		SIOUX CITY, IA	
KCAU-3	9.3	I-M	No		SIOUX CITY, IA	
KCAU-4	9.4	I-M	No		SIOUX CITY, IA	
KMEG	32	I	No		SIOUX CITY, IA	
KBWF	29	I-M	No		NORFOLK, NE	
KBWF-2	29.2	I-M	No		SIOUX CITY, IA	
KMEG-4	32.4	I-M	No		SIOUX CITY, IA	
KPTH	30	I	No		SIOUX CITY, IA	
KPTH-2	30.2	I-M	No		SIOUX CITY, IA	
KPTH-3	30.3	N-M	No		SIOUX CITY, IA	
KSIN	28	E	No		SIOUX CITY, IA	
KSIN-3	28.3	E-M	No		SIOUX CITY. IA	

G

Primary Transmitters: Television

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
007462

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	AA CONT'D		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KSIN-2	28.2	E-M	No		SIOUX CITY, IA	
KSIN-4	28.4	E-M	No		SIOUX CITY, IA	
KXNE	19	E	No		NORFOLK, NE	a
KXNE-2	19.2	E-M	No		NORFOLK, NE	
WOWT	22	N	Yes	0	OMAHA, NE	
	·······					
					-	

G

Primary Transmitters: Television

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#
Name
007462

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KTIV	14	N	No		SIOUX CITY, IA
KTIV-2	14.2	I-M	No		SIOUX CITY, IA
KTIV-3	14.3	I-M	No		SIOUX CITY, IA
KTIV-4	14.4	I-M	No		SIOUX CITY, IA
KCAU	9	N	No		SIOUX CITY, IA
KCAU-2	9.2	I-M	No		SIOUX CITY, IA
KCAU-3	9.3	I-M	No		SIOUX CITY, IA
KCAU-4	9.4	I-M	No		SIOUX CITY, IA
KMEG	32	I	No		SIOUX CITY, IA
KBWF	29	I-M	No		NORFOLK, NE
KBWF-2	29.2	I-M	No		SIOUX CITY, IA
KMEG-4	32.4	I-M	No		SIOUX CITY, IA
KPTH	30	I	No		SIOUX CITY, IA
KPTH-2	30.2	I-M	No		SIOUX CITY, IA
KPTH-3	30.3	N-M	No		SIOUX CITY, IA
KSIN	28	Е	No		SIOUX CITY, IA
KSIN-3	28.3	E-M	No		SIOUX CITY, IA
KSIN-4	28.4	E-M	No		SIOUX CITY, IA

G

Primary Transmitters: Television

Transmitters:

Television

ACCOUNTII	NG PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007462	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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	Primary

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB (CONT)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KSIN-2	28.2	E-M	No		SIOUX CITY, IA
	<del></del>				
	····				
	<u></u>				
	····				
	····				

ACCOUN	TING PERIOD: 2023/
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	
CABLE ONE, INC. 007462	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:	Television
D 1710 17 1 1 0 1 1 1 10 1 1 10 1 1 10 1 1 1 1	I

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other
- basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
			(	

	TING PERIOD: 2023
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007462	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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	Primary
substitute program basis, as explained in the next paragraph.	Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
basis under specifc FCC rules, regulations, or authorizations:	
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the	

- station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

	CHANNEL LINE-UP AD							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	NUMBER	STATION		(II Distant)				

ACC	COUNTING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
CABLE ONE, INC. 007	7462 Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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	Primary
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	Transmitters: Television
basis under specific 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.	

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-

List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

CHANNEL LINE-UP				AE	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
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	<mark>.</mark>				
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ACCOU	NTING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II	
CABLE ONE, INC. 00746	Name Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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	Primary
substitute program basis, as explained in the next paragraph.	Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
basis under specifc FCC rules, regulations, or authorizations:	
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program I og)—if the	

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

	ACCOUNTING PERIOD: 2023	/1
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	TEM ID#	
CABLE ONE, INC.	007462 Name	
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Primary Transmitters: Television	
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.		

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

List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

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

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

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

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

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

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

1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

Account	1140 1 EINIOD. 2023/ I
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007462	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	G

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
5.5.1	NUMBER	STATION		(If Distant)		
		0.7		(ii Distairi)		

Primary Transmitters: Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC.	007462	Name
PRIMARY TRANSMITTERS: TELEVISION		
la Caranala la carana C i dandife accomutatori di carattara di calculi		

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

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

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

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

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

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

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

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

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

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

CHANNEL LINI				Al		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
5.5	NUMBER	STATION		(If Distant)		
	HOWBER	GIATION		(ii Biotant)		
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Primary Transmitters: Television

ACCOUN	ITING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	
CABLE ONE, INC. 00746	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
basis under specifc FCC rules, regulations, or authorizations:	
<ul> <li>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.</li> </ul>	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other	

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

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION

Account	1114G 1 ENIOD. 2023/1				
FORM SA3E. PAGE 3.					
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
CABLE ONE, INC. 007462	Name				
PRIMARY TRANSMITTERS: TELEVISION					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections					

substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION
	NUMBER	STATION		(If Distant)	
				,	
				<b></b>	

Primary Transmitters: Television

Account	1140 1 LINIOD. 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007462	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	G

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AL	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	

Primary Transmitters: Television

	FORM SA3E. PAGE 3.		
Ī	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
L	CABLE ONE, INC.	007462	Name
Ī	PRIMARY TRANSMITTERS: TELEVISION		
ı	In General: In space G. identify every television station (including translator stations and lo	w nower television stations)	1 _

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	
1. CALL		3. TYPE		1	6. LOCATION OF STATION
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	
	NOWBER	CITATION		(II Diotaint)	

G

Primary Transmitters: Television

	ACCOUNTING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	EM ID# Name
CABLE ONE, INC.	07462 Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
basis under specific FCC rules, regulations, or authorizations:	

basis under specifc FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the

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

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

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

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

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

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

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

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

1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
		•••••			

ACCOUNT	ING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007462	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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	Primary Transmitters: Television

- basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
		0.7.1.011		(ii Dietain)	

ACCO	UNTING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I	
CABLE ONE, INC. 0074	.62 Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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	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

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

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

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

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

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

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

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

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

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

CHANN	AP		
			6. LOCATION OF STATION
		,	
	2. B'CAST 3. TYPE CHANNEL OF	2. B'CAST 3. TYPE 4. DISTANT? CHANNEL OF (Yes or No)	CHANNEL OF (Yes or No) CARRIAGE

ACCO FORM SA3E, PAGE 3.	UNTING PERIOD: 2023/1
LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM	
CABLE ONE, INC. 0074	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
basis under specifc FCC rules, regulations, or authorizations:	
<ul> <li>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.</li> </ul>	
• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other	

each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in

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

in the paper SA3 form.

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

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

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

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

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

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

CHANNEL LINE-UF				AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	-			/	

	ACCOUNTI	ING PERIOD: 2023/
FORM SA3E. PAGE 3.	CVCTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	007462	Nume
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sec	s under <sup>'</sup>	G
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations can	ried 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	e program	Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if t	he	
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 som	ie other	

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

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form.

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

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

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

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

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

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

	CHANNEL LINE-UP AR						
1. CALL SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
				<b>.</b>			

	ACCOUNT	ING PERIOD: 2023/1
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC.	007462	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis unc	,	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		Primary

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UF				AS	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	NOWBER	OTATION		(ii Diotairi)	

Transmitters: Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC.	007462	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low po	wer television stations)	

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

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

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

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

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

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

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

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

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

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

		CHANN	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	-			,	

G

Primary Transmitters: Television

ACCOUNT	TING PERIOD: 2023/1
FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
CABLE ONE, INC. 007462	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under	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 part paragraph.	Primary Transmitters:

Television

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

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

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

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

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

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

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

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

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

					6. LOCATION OF STATION
SIGN	CHANNEL		(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
		•			
		•••••			

FORM SA3E. PAGE 3.  LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CABLE ONE, INC.	007462	Name
PRIMARY TRANSMITTERS: TELEVISION		

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

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

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

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

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

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

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

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

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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			EL LINE-UP	AV	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
				,	

G

**Primary** Transmitters: Television

FORM SA3E. PAGE 3.		
Γ	SVSTEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CABLE ONE, INC.	007462	Trainio .
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power carried by your cable system during the accounting period, except (1) stations carried only on a part-	,	G

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UF			EL LINE-UP	AW	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION
OIGIV	NUMBER	STATION		(If Distant)	

Primary Transmitters: Television

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 4.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

007462



#### PRIMARY TRANSMITTERS: RADIO

**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 Transmitters: Radio Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATIC	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	CALL GIGIN	, tivi Oi i ivi	GID	LOGATION OF STATION	SALL GIGIN	AUVI OI I IVI	0,0	LOCATION OF STATION
		<b></b>						

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2023/1
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			S	YSTEM ID#	Name
CABLE ONE, INC.						007462	Ivaille
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG				
In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FCC	rules, regula	tions, or authorizations. F	or a further	Substitute
1. SPECIAL STATEMENT				<u> </u>	, ,	-	Carriage:
During the accounting per broadcast by a distant stat	iod, did you			s, any nonnet		X No	Special Statement and Program Log
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	UDCTITUT		,		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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**ACCOUNTING PERIOD: 2023/1** FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007462 CABLE ONE, INC. PART-TIME CARRIAGE LOG

J

#### Part-Time Carriage Log

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and

hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m.'

	DATES AND HOURS OF PART-TIME CARRIAGE								
CALL SIGN	WHEN	N CARRIAGE OC			CALL SIGN	WHEN	N CARRIAGE OC		
O/ LEE GIGIN	HOURS DATE FROM TO			O/ IEE GIGIT	DATE	HO FROM	URS TO		
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LEGA	SAGE. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:  BLE ONE, INC.		SYSTEM ID# 007462	Name
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to cone (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission serv npute this amount, see	66,056.07	<b>K</b> Gross Receipts
COPY Instru Com Com If yo fee 1 If yo acco	RIGHT 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 amount from 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 parts ompanying this form and attach the schedule to your statement of account. urt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be 6 k 3 below.	unt of the minimum s of the DSE Schedule entered on line 1 of	÷	Copyright Royalty Fee
3 be  ▶ If pa 2 in	minimum FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is 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.	the entered on line are required to pay at a 1.064 percent of the	66,056.07 11,342.84	
	This is your minimum fee.  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  X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column the second stations during the accounting period No—Leave block 3 below blank and column the second stations during the accounting period No—Leave block 3 below blank and column the second stations during the accounting period No—Leave block 3 below blank and column the second stations during the accounting period No—Leave block 3 below blank and column the second stations are second stations.	formation you gave in 4, you must check ?	11,342.04	
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	\$	206.17	
	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	\$	206.17	
	<ul> <li>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</li> <li>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.</li> <li>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)</li></ul>	\$	0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	12,067.84	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form for more information.)	ee page (i) of the		200.00010110001

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Ivaille	CABLE ONE, INC.	007462							
	CHANNELS								
M	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.								
Channels									
	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	System carried television broadcast stations								
	Enter the total number of activated channels								
	on which the cable system carried television broadcast stations								
	and nonbroadcast services								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
for Further	Name JENAE HECK Telephone 602-364-6092								
Information									
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)								
	PHOENIX, AZ 85012-2626								
	(City, town, state, zip)								
	First JENAE HECK@CADLEONE DIZ								
	Email JENAE.HECK@CABLEONE.BIZ Fax (optional) 602-364-6013								
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 identifed as owner of the cable syste in line 1 of space B.	m							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]								
	X /s/ Quynh Tran								
	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.	e "F2"							
	Typed or printed name: QUYNH TRAN								
	Title: VICE PRESIDENT & TREASURER  (Title of official position held in corporation or partnership)								
	Date: August 23, 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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 007462	Name
CABLE ONE, INC.	007402	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigl lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system of secondary transmissions of primary broadcast transmitters.	e system for the basic tem shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the gen paper SA3 form.	eral instructions in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for s made by satellite carriers to satellite dish owners?	econdary transmissions	EXCIUSION
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late parties for an explanation of interest assessment, see page (viii) of the general instructions in the page.		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	x	
_	x days	
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	· · · · · · · · · · · · · · · · · · ·	
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 please list below the owner, address, first community served, accounting period, and ID number 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: 2023/1

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

## COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198l, on a substitute and/or
  part-time basis only and complete the log to determine the portion of
  the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

## COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located in
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

U.S. Copyright Office

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

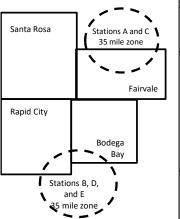
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

### **EXAMPLE:**

## COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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

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

**ACCOUNTING PERIOD: 2023/1** 

DSE SCHEDULE. PAGE	LEGAL NAME OF OWNER OF CABL	_E SYSTFM·			S	YSTEM ID#
1	CABLE ONE, INC.					007462
	SUM OF DSEs OF CATEGOI  Add the DSEs of each station Enter the sum here and in line	n.			0.25	
2 Computation of DSEs for	Instructions: In the column headed "Call of space G (page 3). In the column headed "DSE mercial educational station, gi	": for each indeper	ndent station, give the DSE			
Category "O"	merolar educational station, gr	VO 1110 DOL 00 1.20	CATEGORY "O" STATIO	NS: DSFs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Stations			CALL SIGN	DSE	CALL SIGN	DSE
	WOWT	0.250		<mark></mark>		
Add rows as						
necessary.  Remember to copy all						
formula into new						
rows.						
TOWS.						
				···		
		···		···		
		···		····		
		···		··· <del> </del> ······		
				····		
		<del></del>		····		
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		<del></del>		<del></del>		
		<del></del>		<del></del>		
				<u>.</u>		
				<mark></mark>		
		<del> </del>		···		
		···		···		
				<del></del>		
i						1

Name		, INC.					s	907462				
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.											
Capacity			CATEGORY LA	C STATIONS:	COMPUTATION	ON OF DSEs						
SIGN OF HOURS OF HOURS CARRIAGE VALUE  CARRIED BY STATION VALUE  SYSTEM ON AIR   * = x =												
							=					
	CABLE ONE, INC.  ***Instructions: CAPACTY**  Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space (I gage 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure school corrospond with the information giver in space (). Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 3: For each station, give the total number of hours that the station broadcast over the during the accounting period.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 3: For each haddening point. This is the "beasis of carriage value" for the station.  Column 5: For each independent station, give the "powellow as" 1). For each network or monominerial oducational station, give the psu-value as 1.25:  Column 5: For each independent station, give the "powellow as" 1). For each network or monominerial oducational station, give the psu-value as 1.25:  Column 5: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6: Round to no less than the third decimal point. This is the station's DSE, (For more information on rounding, see page vitil) of the general instructions in the page 2.5 in the page 3.5 in the page 3											
			······				······					
	Add the DSEs	of each station.		,		0.00						
Computation of DSEs for Substitute-Basis Stations	Column 1: Giv • Was carried tions in effe • Broadcast o space I). Column 2: at your option. Column 3: Column 4: l	by your system in substitct on October 19, 1976 (ane or more live, nonnetwore for each station give the This figure should correstenter the number of days Divide the figure in colum this is the station's DSE (	tution for a program as shown by the lette ork programs during to number of live, nonrepond with the inform in the calendar year n 2 by the figure in c For more information	that your system wer "P" in column 7 chat optional carriagetwork programs cation in space I.  : 365, except in a olumn 3, and given on rounding, see	ras permitted to d of space I); and e (as shown by the carried in substitu eap year. the result in colur page (viii) of the	elete under FCC rules and word "Yes" in column 2 of tion for programs that wer mn 4. Round to no less the general instructions in the	e deleted an the third					
	1						<u> </u>					
		OF	OF DAYS	4. DSE		OF	OF DAYS	4. DSE				
		-	<b>-</b>	=		÷		= <u> </u>				
		-	÷	=		÷		=				
		-	÷	=				=				
		-	÷	=		÷		=				
	Add the DSEs	of each station.		,		0.00						
<b>5</b> Total Number of DSEs	number of DSEs 1. Number 2. Number	s applicable to your system of DSEs from part 2 ● of DSEs from part 3 ●		in parts 2, 3, and 4	of this schedule	and add them to provide th	0.25 0.00					
		·				<b> </b>	0.00	0.25				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/1

CABLE ONE, I	WNER OF CABLE S	SYSTEM:					S	YSTEM ID# 007462	Name
In block A: • If your answer if 'schedule.	ck A must be comp "Yes," leave the rer "No," complete bloo	mainder of pa	pelow.			complete part 8	3, (page 16) of the		6
				TELEVISION MA					Computation of 3.75 Fee
effect on June 24,  Yes—Com	n located wholly ou 1981? uplete part 8 of the solete blocks B and 0	schedule—D	•				C rules and regula	tions in	
		BLO	CK B: CARF	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations price e DSE Sched	or to June 25, 1 Iule. (Note: The	part 2, 3, and 4 of the 981. For further ex the letter M below ref act of 2010.)	planation of p	ermitted station	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerce D Grandfathered instructions fo E Carried pursua *F A station prev	les and reguled pursuant to on as defined al educationa I station (76.6 r DSE schedunt to individuciously carried the station will the station will provide the station will be statio	ations cited be to the FCC mark in 76.5(kk) (76 I station [76.59 5) (see paragrule). all waiver of FC d on a part-timethin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 3 57, 76.59(b), (1), 76.63(a) 1 8(a) referring to stitution of gra	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered staff	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 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	
	•	-	•	•		11		0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from լ	part 5 of this	schedule					
Line 2: Enter the	sum of permitted	d DSEs from	n block B abo	ve					
	line 2 from line 1 eave lines 4–7 bl					ate.			
Line 4: Enter gro	oss receipts from	space K (pa	ige 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
l ine 7: Multiply li	ine 6 by line 5 an	d enter here	and on line	2. block 3. space	I (nage 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462										
			BLOC	( A: TELEVI	SION MARKETS	(CONTINI	UED)			
	I. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Schedule for 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 -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). 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 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED 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** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X No—Proceed to part 8 Yes—Complete blocks B and C . 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 community served by the cable system prior to March 31, 1972? (refer commercial VHF station that places a grade B contour, in whole or in part, over the cable system? to former FCC rule 76.159) Yes-List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM ID# 007462	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,066,056.07	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.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	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	Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)  and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name		ie of owner of cable system:  CABLE ONE, INC.	007462							
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								
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge								
	Instructions:									
8	You mu	extons:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particular checked "Yes," use the total number of DSEs from part 5.	t							
<ul> <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> </ul>										
of	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	N								
Base Rate Fee blank.  What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscri										
		ecated 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.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did yo	our 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 following sections.								
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	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.).								
	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)								
		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	0.00							

DSE SCH	EDU	LE. PAGE 17.				ACCOUNTING	6 PERIOD: 2023/1						
		OF OWNER OF CABLE SYSTEM:				SYSTEM ID# 007462	Name						
	If the figure in section 2 is <b>more than 4.000</b> , 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						
	В.	Enter 0.00701 of gross receipts (the amount in section 1)					Computation of						
	C.	Multiply line B by 3.000 and enter here					Base Rate Fee						
	D.	Enter 0.00330 of gross receipts (the amount in section 1)	<b>&gt;</b> <u>\$</u>										
	E.	Subtract 4.000 from total DSEs (the figure in section 2) and enter here	<b>.</b> ►										
	F.				<b>\$</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			<b>&gt;</b> \$	0.00							
	be r	IT: It is no longer necessary to report television signals reported on a community-by-community basis (subscrib	•			•	9						
receipts	fror	If any of the stations you carried were partially distant, in subscribers located within the station's local service ou must:					Computation of Base Rate Fee						

**First:** Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. **Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

## How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

**Step 2:** For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

**Step 3:** Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or.
- 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 block B, part 6 of this schedule.
- ullet Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

U.S. Copyright Office

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007462 CABLE ONE, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

E		COMPUTATION OF		TE FEES FOR EAC			LID	
		SUBSCRIBER GROU	ור	SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA	Dakota	l		COMMUNITY/ ARE	4 50. SIOL	ux City/Dakota Co	ounty	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DSE	CALL SIGN	DSE	WOWT	0.25	CALL SIGN	DSE	Base Rate F
				11.0111	0.20	-		and
								Syndicate
								Exclusivit
			···	-		-		Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 18	,507.90	Gross Receipts Sec	ond Group	\$	77,507.85	
250 1 (000)pto 1 115t GI	Jup	<del>-</del> 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S. 000   1000   ptd 060	ond Oroup	<u>-</u>	,507.00	
sase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	206.17	
		OLIDOODIDED ODOL			FOLIDAL	OLIDOODIDED ODO		
		SUBSCRIBER GROU				SUBSCRIBER GRO		
COMMUNITY/ AREA	Sioux (	City/Sergeant/No.	Sioux Ci	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<b>-</b>		-					
	<u></u>							
	-							
	<b>-</b>							
	<u></u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$ 970	,040.32	Gross Receipts Fou	rth Group	\$	0.00	
,	•				•			
ase Rate Fee Third Group \$ 0.00			Base Rate Fee Fou	rth Group	\$	0.00		
				11				
		e fees for each subscr	iber group a	as shown in the boxes	above.	•	206.17	

LEGAL NAME OF OWI		E SYSTEM:				S	007462	Name
= <b>-</b> ,•		COMPLITATION	LE DAGE D	TE EEE'S FOR FAO	-H CLIBOOD	IDED COOLD	301702	
		SUBSCRIBER GRO			E FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	<b>9</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	DSE   CALL SIGN		of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			·····					for Partially
			••••		••••			Distant
								Stations
			2.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	<u>\$</u>	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	NI ID		FIGHTE	I SUBSCRIBER GROU	ID.	
COMMUNITY/ AREA		OODOCKIDEN OK	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	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ц				
			criber group	as shown in the boxes	above.			
Enter here and in blo						\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	BER GROUP			
		SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	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	
		-						Stations	
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00		
		SUBSCRIBER GRO	OUP <b>0</b>			SUBSCRIBER GROU	JP <b>0</b>		
COMMUNITY/ AREA			U	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	······								
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo	I the <b>base rat</b> ock 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$			
	,	• ,							

CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007462	Name
		COMPLITATION		TE FEES FOR EAC	-H CLIDOOD	IDED COOLD	001702	
		SUBSCRIBER GRO		TI .		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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 Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
			2.22					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco		\$	0.00	
	IFTEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	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		II.	0.00	Total DSEs		11	0.00	
<del></del>			0.00	Gross Receipts Sec	ond Group	\$	0.00	
,	,					·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	······							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat	e fees for each subs	criber group	as shown in the boxes	above.	¢		
Liner here and in Dic	JUN J, IIIIE I, S	phace r (hage 1)				Ψ		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	NTY-FIRST	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	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 DSFa			0.00	Total DSEs			0.00	
Total DSEs	Croup	•	0.00	Gross Receipts Sec	and Craun	•	0.00	
Gross Receipts First (	Jioup	<u>\$</u>	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NTY-THIRD	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		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	<u>\$</u>	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in bloc	the <b>base rat</b> ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								Name
				TE FEES FOR EAC				
	ITY-FIFTH	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	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 Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	SEVENTH	SUBSCRIBER GRO		П		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····				·····	
	···		···					
	<u></u>		····		······			
	···		···					
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e <b>base rat</b> e 3, line 1, s	e fees for each subse pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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	Group	•	0.00	Gross Receipts Sec	and Group	•	0.00	
Gloss Receipts Filst	Gloup	\$	0.00	Gloss Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		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	<u>\$</u>	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in bloo	the <b>base rat</b> ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:				S	O07462	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	BER GROUP		
THIRT	Y-THIRD	SUBSCRIBER GROU	IP	THIRT	Y-FOURTH	SUBSCRIBER GROUP	•	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Samurtation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIOIN	DOL	CALL GIGIT	DOL	CALL GIOIN	DOL	GALL GIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
					<del></del>		<del></del>	for Partially
					<u></u>		<u> </u>	Distant
								Stations
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU			RTY-SIXTH	SUBSCRIBER GROUP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····		<del></del>	
					···		<u> </u>	
							<del></del>	
					···		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$		

CABLE ONE, INC.		E SYSTEM:				S	007462	Name
THIRTY		COMPUTATION C SUBSCRIBER GRO	UP	11	RTY-EIGHTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	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 Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec		\$	0.00	
	RTY-NINTH	SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
	····							
Total DSEs			0.00	Total DSEs	'	-11	0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Foun	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN CABLE ONE, INC		E SYSTEM:				S	007462	Name
FC		COMPUTATION C SUBSCRIBER GRO	DUP	11	RTY-SECONE	IBER GROUP SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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 Group \$ 0.00		0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RTY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								Name
				TE FEES FOR EAC				
	RTY-FIFTH	SUBSCRIBER GRO		TI .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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 (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY	-SEVENTH	SUBSCRIBER GRO	DUP	FC	RTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs	<b>,</b>		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
				ATE FEES FOR EAC				
	RTY-NINTH	SUBSCRIBER GRC		COMMUNITY/ADE		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	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
	<u></u>							
			<u></u>					
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO	UP	Ti .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
			····					
	·····		<u></u>					
Total DSEs		<u>II</u>	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		_						
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				· · ·				
Base Rate Fee: Add to Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subse pace L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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 Group \$ 0.00				Gross Receipts Sec	eand Group	•	0.00	
Gloss Receipts Filst	Gloup	<del>*</del>	0.00	Gloss Receipts Geo	ona Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROL		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add Enter here and in bloo	the <b>base rat</b> ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OW	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
,		COMPUTATION C	F BASF RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP			
FIFT		SUBSCRIBER GRO		П		SUBSCRIBER GROU	JP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
			<u>.</u>					Syndicated	
			····		·····			Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
			····						
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
F	IFTY-NINTH	SUBSCRIBER GRO	)LIP		SIXTIETH	I SUBSCRIBER GROU	IP.		
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	d Group	\$	0.00	Gross Receipts Foul	th Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$			

CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	IBER GROUP			
	XTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
			····					Surcharge for	
								Partially	
								Distant	
			<u></u>					Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00		
	XTY-THIRD	SUBSCRIBER GRO		1		SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block	he <b>base rat</b> k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$			

LEGAL NAME OF OWN		E SYSTEM:				S	YSTEM ID# 007462	Name
		COMPLITATION O	NE BASE DA	TE FEES FOR EAC	П бі івесь	URED CROUD	00,702	
		SUBSCRIBER GRO		П		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	DUP	Siz	XTY-EIGHTH	SUBSCRIBER GROU	JP	
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	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP			
	XTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	NTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
				П					
Base Rate Fee: Add to Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$			

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  CABLE ONE, INC.  007462								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCRI	BER GROUP			
SEVE	NTY-THIRD	SUBSCRIBER GRO	UP	SEVEN	ITY-FOURTH	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	9 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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec		\$	0.00		
	NTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
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	Gross Receipts Fou	rth Group	\$	0.00		
	·			· ·	•				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add to Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$			

CABLE ONE, INC	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462							
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
			<u>.</u>					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	NTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Gross Receipts Fou	rth Group	\$	0.00	
							<del></del> ]	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc	he <b>base rat</b> k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		·	
	HTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00		
	HIY-IHIRD	SUBSCRIBER GRO		1		SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩ 		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	Gross Receipts Fou	rth Group	\$	0.00		
		_							
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block	ne <b>base rat</b> k 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	YSTEM ID# 007462	Name
		COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
EIGI	HTY-FIFTH	SUBSCRIBER GRO	UP	EI	GHTY-SIXTH	I SUBSCRIBER GROU	IP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 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	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FIGUEY	OEVENTU.	1		FIO	ITV FIGURE	I OLIDOODIDED ODOL	ID.	
COMMUNITY/ AREA	-SEVENTH	SUBSCRIBER GRO	<u>0</u>	Ti .		SUBSCRIBER GROU	)P	
COMMUNITY AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····							
	<del></del>							
	···		···		•••••		·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ETY-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	_	
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	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxes	above.	\$		

		COMPUTATION O					007462	
NINE			F BASE RA	TE FEES FOR FAC	H SUBSCR	IBER GROUP		
COMMUNITY/ AREA		SUBSCRIBER GRO		П		SUBSCRIBER GROU	IP	_
			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
	<del> </del>				·····			Exclusivity Surcharge
			···					for
								Partially
								Distant
								Stations
	···		<del></del>					
			···		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		-	<mark></mark>					
	···		···					
			<u> </u>					
			<u>.</u>		<u>.</u>			
	<u></u>							
		-						
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.	EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  CABLE ONE, INC.  007462							
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO		ii —		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-NINTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····				······	
	···		···					
			····					
	···		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne <b>base rat</b> ( 3, line 1, s	e fees for each subse pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.		E SYSTEM:				S	007462	Name
		COMPUTATION O SUBSCRIBER GRO		ONE HUNDR	ED SECOND	IBER GROUP SUBSCRIBER GROU	JP <b>0</b>	9
COMMONT I/ AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	····		····					Exclusivity
								Surcharge
								for
	<u></u>							Partially Distant
			····					Stations
	<u>.</u>							
	····		····					
Total DSEs	_		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
	····		····					
	····		····					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.		E SYSTEM:				S	007462	Name
				TE FEES FOR EAC				
	RED FIFTH	SUBSCRIBER GRO		li .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	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 Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-		-		
				-				
				-				
	<u> </u>							
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Foul	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e <b>base rat</b> e 3, line 1, s	e fees for each subso pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				S	007462	Name
ONE HINE				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GROU	0 0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
			····					Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
otal DSEs U.00  Gross Receipts First Group \$ 0.00				Gross Receipts Seco	and Group	\$	0.00	
Orosa receipta i iist	Gloup	Ψ	0.00	Gross receipts dece	ли Огоир	<u>*</u>	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		li .		SUBSCRIBER GROU	JP <b>o</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GROU	<b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
			····					Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	O. 0 a p	<u>*</u>			oa	<u> </u>		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTEENTH	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add Enter here and in bloc	the <b>base rat</b> ck 3, line 1, s	e fees for each subs space L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC.		E SYSTEM:				S	007462	Name
				ATE FEES FOR EAC				
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP <b>0</b>	ONE HUNDRED E		I SUBSCRIBER GROU	JP <b>0</b>	9
COMMONIT IT AREA				COMMONT IT AREA	`			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>					Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
	····		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED N	INTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<del></del>					
	····		···					
	····		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TW	ENTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and
								Syndicated
			<u> </u>	-				Exclusivity Surcharge
			···					for
								Partially
								Distant
			<u>.</u>					Stations
			<u> </u>					
			<del></del>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TWE	ENTY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<del></del>			-		
			<u></u>					
				-				
			<u></u>					
			<del></del>			-		
			<u></u>					
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш			_	
Base Rate Fee: Add t Enter here and in bloc	he <b>base rat</b> e k 3, line 1, s	e fees for each subsc pace L (page 7)	riber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
	/ENTY-FIFTH	COMPUTATION C SUBSCRIBER GROU		ONE HUNDRED T	WENTY-SIXTH	IBER GROUP  SUBSCRIBER GROUP	0	9
								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 Group \$ 0.00		0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	ΓY-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		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	Gross Receipts Fou	rth Group	\$	0.00	
	•	·				<u>·</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC.	R OF CABLI	E SYSTEM:				SY	STEM ID# 007462	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	ITY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 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	
			0.00	Gross Receipts Secon	d Group	\$	0.00	
							1	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIF	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	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 Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
		COMPUTATION O SUBSCRIBER GROU		ONE HUNDRED TH	IRTY-FOURTH	IBER GROUP  SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
	····		····		·····			
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Second Group \$ 0.00				
•	•							
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIFTH	SUBSCRIBER GROU	)	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
			····					
Total DSEs	•		0.00	Total DSEs	•		0.00	
	Croup	¢	0.00		th Croup	¢	0.00	
Gross Receipts Third	Огоир	\$	0.00	Gross Receipts Four	ai Gioup	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CABLE ONE, INC.		E SYSTEM:				S	007462	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY				П		I SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<del></del>							and
	····							Syndicated Exclusivity
	····							Surcharge
								for
								Partially
								Distant
	<del></del>							Stations
	<del></del>							
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	<b>5</b>	ONE HUNDRED	D FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>							
	····		····		·····			
	····							
	····		····		·····			
	····							
Tatal DOEs			0.00	T. A. I. DOE.			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN  CABLE ONE, INC		E SYSTEM:				S	007462	Name
		COMPUTATION C SUBSCRIBER GROU		ONE HUNDRED FO	RTY-SECONE	IBER GROUP  SUBSCRIBER GROUP	0	9
								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 Group \$ 0.00			0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	ORTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED FO	RTY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA		- COBOOTIBET CITO	0	COMMUNITY/ AREA		- COBSONIBLIN SINGS	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>		·····					
			<u>.</u>					
	····							
Total DSEs			0.00	Total DSEs	<u>'</u>		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
				,	•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
<b>Base Rate Fee:</b> Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED I	ORTY-FIFTH	SUBSCRIBER GROU	P	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	TY-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the base rat	e fees for each subse	criber group a	as shown in the boxes	above.	s		
Linei neie and in bio	OK 3, IIIIC 1, S	phace r (hade 1)				Ψ		

CABLE ONE, INC.		E SYSTEM:				S	007462	Name
				TE FEES FOR EAC				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	<u></u>							Exclusivity
	····		····				·····	Surcharge for
	····		···					Partially
								Distant
							<u></u>	Stations
	•••••••••••••••••••••••••••••••••••••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		ii -		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
	····		····				·····	
			<del></del>				·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e <b>base rat</b> 3, line 1, s	e fees for each subso pace L (page 7)	criber group a	as shown in the boxes	above.	\$		

CABLE ONE, INC		E SYSTEM:				S	007462	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		tt		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u>.</u>			and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
	•••••		····					Otations
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	IP	
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	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo	the <b>base rat</b>	e fees for each subse space L (page 7)	criber group a	II	above.	\$		

LEGAL NAME OF OWN		E SYSTEM:				S	3YSTEM ID# 007462	Name
	Y-SEVENTH	COMPUTATION C		ONE HUNDRED	FIFTY-EIGHTH	IBER GROUP SUBSCRIBER GROUP	0	9
								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 (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED I	FIFTY-NINTH	SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add t			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
Е	SLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Dakota	1		COMMUNITY/ AREA	So. Sio	ux City/Dakota Co	unty	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
	<del></del>				<mark></mark>			Syndicated
	<u></u>		····		<del></del>			Exclusivity Surcharge
	···		····		···			for
					•••••			Partially
								Distant
								Stations
					<u> </u>			
	<del></del>	-	····		<del></del>			
	······································		····		<del></del>			
Total DSEs	1		0.00	Total DSEs	•		0.00	
Gross Receipts First G	oup	\$ 18	3,507.90	Gross Receipts Secon	d Group	\$	77,507.85	
Base Rate Fee First Group \$ 0.00			Base Rate Fee Secon	d Group	\$	0.00		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Sioux	City/Sergeant/No	. Sioux C	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···				···			
					···			
					<u></u>			
	<del></del>		····		<del></del>			
	<u></u>		····		···			
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Gross Receipts Third Group \$ 970,040.32		Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes al	oove.	\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  Na  Na  Na  Na  Na  Na  Na  Na  Na  N									
				ATE FEES FOR EAC					
	FIFTH S	SUBSCRIBER GROU				1 SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
								Syndicate	
								Exclusivit	
			<u> </u>	-				Surcharge for	
			······································	-				Partially	
								Distant	
								Stations	
			2.00				0.00		
Total DSEs	-		0.00	Total DSEs			0.00		
Gross Receipts First Group	<u> </u>	<b>5</b>	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Group	[	<b>.</b>	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
SEV	ENTH S	UBSCRIBER GROU	JP		EIGHTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u> </u>	-					
			······································						
				-					
			0.00	Total DSEs			0.00		
Fotal DSEs					th Croun	\$	0.00		
	- :	B	0.00	Gross Receipts Four	ili Groub	Ψ	0.00		
Total DSEs Gross Receipts Third Group	- ) <u>:</u> Г	<b>.</b>	0.00	Gross Receipts Four	in Group	<u>*</u>	0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 0.0.1	202	07.122 01011	232	07.22 0.0.1	202	07.22 0.0.1	202	Base Rate Fee
								and
								Syndicated
								Exclusivity
			<u>.</u>					Surcharge
			<u>.</u>					for
				-				Partially Distant
			·····	-				Stations
			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ELEVENTH SUBSCRIBER GROUP			UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····		····					
			<u></u>					
				-				
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		
Rate Fee: Add t	he <b>base rat</b>	e fees for each subspace L (page 7)		Base Rate Fee Fou		\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  Na  Na  Na  Na  Na  Na  Na  Na  Na  N									
	( A: COMPUTATION (		П							
	ITH SUBSCRIBER GR	0UP <b>0</b>	Ti .		SUBSCRIBER GROU		9			
COMMUNITY/ AREA		U	COMMUNITY/ ARE	Α		0.	Computa			
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
							Base Rate			
							and Syndicat			
							Exclusiv			
							Surcharg			
							for			
							Partially			
							Distant Stations			
Total DSEs		0.00	Total DSEs		11	0.00				
	•	0.00		and Craun	•	0.00				
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00				
3ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
FIFTEEN	NTH SUBSCRIBER GR	OUP		SIXTEENTH	SUBSCRIBER GROU	JP				
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0				
CALL SIGN DSE	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Fotal DSEs		0.00	Total DSEs			0.00				
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00				

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SYSTEM ID#  007462								
<u> </u>				TE FEES FOR EAC				<u> </u>
SEV	ENTEENTH	SUBSCRIBER GRO	DUP		EIGHTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
0, 122 0.0.1	202	07.22 3.3.1	332	07.22 0.0.1	DSE	CALL SIGN	332	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
							·····	for
				-				Partially Distant
			·····				······	Stations
			·····					Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Cross resolpts rilet	Огоар			l cross resorpts see	ona Oroap	*		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINTEENTH SUBSCRIBER GROUP			DUP		TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			·····					
				-				
Total DSEs			0.00	Total DSEs		11	0.00	
					rth Croup	•	_	
Gross Receipts Third	Group	<u>a</u>	0.00	Gross Receipts Fou	ıın Group	<b>\$</b>	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
nird 	Group			Gross Receipts Fou	rth Group	\$ \$	0.00	

							007462	Name
F	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TWE1	ITY-FIRST	SUBSCRIBER GRO	UP	TWEN	ITY-SECOND	SUBSCRIBER GRO	UP	_
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
	<u>.</u>							for
								Partially
								Distant Stations
				-	······			Stations
			<del></del>					
				-				
	1							
			····					
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWE	NTY-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark>.</mark>			
					······			
				-				
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
otal DSEs iross Receipts Third C	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
ross Receipts Third C	·	\$	0.00	Gross Receipts Fou		\$	0.00	
	·	\$				\$		

Form SA3E Long Form (Rev. 05-17)

	001/ 1	COMPLITATION		TE EEEO EOO E ( 0)	1.0110000	IDED ODOLIS		
		SUBSCRIBER GROU		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
	Loop	I oal ool	T 505		Loop	II oall olok		Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
				-		-		and
			····	-	·····	-		Syndicat
				-		-		Exclusiv
				-				Surchar
			···		·····		······	for
			···					Partiall
				-				Distant
			···	-		-		Station
			···					
			<u> </u>					
						-		
otal DSEs		•	0.00	Total DSEs			0.00	
		_						
ross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	JP	TWEN	NTY-EIGHTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							······	
					·····			
						-		
			···					
			···					
				-				
			0.00	Total DSEs	•		0.00	
otal DSEs								
	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
otal DSEs Gross Receipts Third Gr		\$	0.00		·	\$		
		\$		Gross Receipts Fourt	·	\$	0.00	
ross Receipts Third Gr		\$	0.00		·			

Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  1. 0.00 \$ 0	TWENTY-NINTH  COMMUNITY/ AREA  CALL SIGN DSE  Total DSEs  Gross Receipts First Group  Base Rate Fee First Group	CALL SIGN  \$	0.00 0.00	COMMUNITY/ ARE.  CALL SIGN  Total DSEs  Gross Receipts Sec  Base Rate Fee Sec	THIRTIETH  A  DSE  ond Group  ond Group	SUBSCRIBER GROUND CALL SIGN  CALL SIGN  \$	0 DSE	Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
COMMUNITY AREA	CALL SIGN DSE  CALL SIGN DSE  Total DSEs  Gross Receipts First Group  THIRTY-FIRST  COMMUNITY/ AREA	CALL SIGN	0.00 0.00	Total DSEs Gross Receipts Sec Base Rate Fee Sec	ODSE	\$	0 DSE	Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
Computation	Total DSEs  Gross Receipts First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00 0.00	Total DSEs Gross Receipts Sec Base Rate Fee Sec	DSE ON THE PROPERTY OF THE PRO	\$	0.00 0.00	Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
SE   CALL SIGN   DSE   CALL	Total DSEs Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Total DSEs Gross Receipts Sec Base Rate Fee Sec	ond Group	\$	0.00	of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
and Syndicated Exclusivity Surcharge for Partially Distant Stations	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	and Syndicated Exclusivity Surcharge for Partially Distant
	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	Syndicated Exclusivity Surcharge for Partially Distant
Exclusivity Surcharge for Partially Distant Stations	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	Exclusivity Surcharge for Partially Distant
	Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	Surcharge for Partially Distant
	Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	for Partially Distant
	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	Distant
	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
0.00   Total DSEs   0.00   S   0.00   S   0.00	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	Stations
\$ 0.00    S	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$ 0.00    S	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$ 0.00    S	Gross Receipts First Group  Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$ 0.00    S	Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$ 0.00    S	Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
\$ 0.00    S	Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Second Group  THIRTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0  SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  One of the second Group  Total DSEs  One of the second Group  Second Gr	Base Rate Fee First Group  THIRTY-FIRST  COMMUNITY/ AREA	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
IRST SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL S	THIRTY-FIRST COMMUNITY/ AREA						•	
COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DS	COMMUNITY/ AREA	SUBSCRIBER GRO	UP	THIF	TV CECONE	OLIDOODIDED ODOL		
SE CALL SIGN DSE CALL SIGN DSE  O.00  Total DSEs  Gross Receipts Fourth Group  \$ 0.00					KI I-SECONL	SUBSCRIBER GROU	JP	
	CALL SIGN DSE		0	COMMUNITY/ ARE.	٩		0	
\$ 0.00 Gross Receipts Fourth Group \$ 0.00		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
\$ 0.00 Gross Receipts Fourth Group \$ 0.00								
\$ 0.00 Gross Receipts Fourth Group \$ 0.00			<u>.</u>					
\$ 0.00 Gross Receipts Fourth Group \$ 0.00								
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\$ 0.00 Gross Receipts Fourth Group \$ 0.00								
\$ 0.00 Gross Receipts Fourth Group \$ 0.00			<u>.</u>					
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\$ 0.00 Gross Receipts Fourth Group \$ 0.00								
\$ 0.00 Gross Receipts Fourth Group \$ 0.00								
\$ 0.00 Gross Receipts Fourth Group \$ 0.00								
	Total DSEs		0.00	Total DSEs			0.00	
	Gross Receipts Third Group			Gross Receipts Fou	rth Group	\$	0.00	
\$ 0.00 Base Rate Fee Fourth Group \$ 0.00		·			p	<u>*</u>		
	Base Rate Fee Third Group		0.00	Base Rate Fee Fou	rth Group	\$	0.00	

							007462	
				TE FEES FOR EAC				
	RTY-THIRD	SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
						-		Partially Distant
							······	Stations
	····							• • • • • • • • • • • • • • • • • • • •
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·								
Base Rate Fee First C	Froup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	RTY-FIFTH	SUBSCRIBER GRO	DUP	Т	HIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Gross Receipts Fou	rth Group	\$	0.00	
	Group	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third								
Base Rate Fee Third					·			

LEGAL NAME OF OWN		E SYSTEM:				S	007462	Name
,		COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
THIRT		SUBSCRIBER GRO		п		I SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
								Base Rate Fee
			<u>.</u>					and
			·····					Syndicated
				-	·····			Exclusivity Surcharge
								for
								Partially
								Distant
			<u></u>					Stations
				-				
			····					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TH	IRTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	I SUBSCRIBER GROU	JP	
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	Gross Receipts Foul	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

SABLE SYSTEM: SY	STEM ID# 007462	Name
( A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		
RST SUBSCRIBER GROUP FORTY-SECOND SUBSCRIBER GROUP		9
O COMMUNITY/ AREA	0	Computation
E CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	of
		Base Rate F
		and
		Syndicate Exclusivit
		Surcharge
		for
		Partially
		Distant Stations
		0
0.00 Total DSEs	0.00	
\$ 0.00 Gross Receipts Second Group \$	0.00	
v cros rescript second group		
\$ 0.00 Base Rate Fee Second Group \$	0.00	
IRD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP		
O COMMUNITY/ AREA	0	
E CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	
	0.00	
0.00 Total DSEs		
	0.00	
	0.00	

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:	-			5	007462	Name
BI	_OCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
FOR <sup>-</sup>	TY-FIFTH	SUBSCRIBER GRO	UP	F-	ORTY-SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	DOL	CALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GRO	UP	FOI	RTY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i>A</i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							······	
					·····			
				-				
				-				
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

	CABLL	SYSTEM:				•	007462	Name
				ATE FEES FOR EAC				
FORTY-I	IINTH S	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		I SUBSCRIBER GROU	UP <b>0</b>	9
								Computati
CALL SIGN [	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F and
								Syndicate
								Exclusivit
								Surcharg for
								Partially
								Distant
								Stations
			0.00	T			0.00	
otal DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First Group	3	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First Group		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFTY-	FIRST S	SUBSCRIBER GROU	JP	FIF	TY-SECONE	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN [	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
		<b>B</b>	0.00		th Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group		s		Total DSEs Gross Receipts Four	th Group	\$		

Base Rate F and Syndicate Exclusivit Surcharge for Partially		BER GROUP SUBSCRIBER GROU		TE FEES FOR EAC	F BASE RA	COMPUTATION (	BLOCK A:	В
Computation SE of Base Rate F and Syndicate Exclusivit Surcharge for Partially		SUBSCRIBER GROU	V FOLIDTH					<b>_</b>
Computation SE of Base Rate F and Syndicate Exclusivit Surcharge for Partially	0		1-FUURIN			SUBSCRIBER GRO	TY-THIRD	
SE of Base Rate F and Syndicate Exclusivit Surcharge for Partially	O COMMUNITY/ AREA 0							COMMUNITY/ AREA
Base Rate F and Syndicate Exclusivit Surcharge for Partially	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivit Surcharged for Partially								
Exclusivit Surcharge for Partially								
Surcharge for Partially								
for Partially								
Partially								
					<u>.</u>			
Distant								
Distant Stations								
Stations								
			···					
00_	0.00			Total DSEs	0.00			Total DSEs
00_	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First Gr
00	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	roup	<b>3ase Rate Fee</b> First Gr
	)UP	SUBSCRIBER GROU	FTY-SIXTH	F	)UP	SUBSCRIBER GRO	TY-FIFTH	FIF
0				COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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00	0.00			Total DSEs	0.00			Total DSEs
	0.00	¢	Group		0.00	e	Proup	Gross Pagaints Third G
	0.00	\$	i Group	Gross Receipts Fourt	0.00	\$	oup.	Gross Receipts Third G
00	0.00	\$	Group	Base Rate Fee Fourt	0.00	\$	Group	<b>Base Rate Fee</b> Third G

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	ID			TE FEES FOR EAC				
9	<u>0</u>	I SUBSCRIBER GROU	I T-EIGHTH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO	SEVENIH	COMMUNITY/ AREA
Computa				COMMONITY AREA				COMMONIT I/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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for								
Partial								
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Statio								
_	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr
_	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	ross Receipts First Gr
- 		\$				\$		
- 	0.00	\$		Gross Receipts Seco	0.00	\$		
- 	0.00	\$	nd Group		0.00	\$	oup	ase Rate Fee First Gr
	<b>0.00</b>		nd Group	Base Rate Fee Seco	<b>0.00</b>	\$ SUBSCRIBER GRO	oup	iase Rate Fee First Gr
	0.00	\$	nd Group		0.00	\$	oup	<b>ase Rate Fee</b> First Gr
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	<b>0.00</b>	\$	nd Group	Base Rate Fee Seco	<b>0.00</b>	\$	oup	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
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	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	0.00	\$ I SUBSCRIBER GROU	SIXTIETH	Base Rate Fee Seco	0.00 UP	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA
	DSE	\$ I SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	0.00  UP  0  DSE	\$ SUBSCRIBER GRO	TY-NINTH	ase Rate Fee First Gr FIF OMMUNITY/ AREA CALL SIGN
	0.00  JP	\$ CALL SIGN	SIXTIETH  DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  UP  0  DSE	SUBSCRIBER GRO	TY-NINTH  DSE	ase Rate Fee First Gr FIF OMMUNITY/ AREA CALL SIGN
	DSE	\$ I SUBSCRIBER GROU	SIXTIETH  DSE	COMMUNITY/ AREA	0.00  UP  0  DSE	\$ SUBSCRIBER GRO	TY-NINTH  DSE	FIF COMMUNITY/ AREA
	0.00  JP	\$ CALL SIGN	SIXTIETH  DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  UP  0  DSE	SUBSCRIBER GRO	TY-NINTH  DSE	FIF COMMUNITY/ AREA
	0.00  JP	\$ CALL SIGN	SIXTIETH  DSE  On Group	COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00  UP  0  DSE	SUBSCRIBER GRO	TY-NINTH  DSE	COMMUNITY/ AREA

	C.						007462	
				ATE FEES FOR EAC			LID.	
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	•	0.00	Gross Receipts Sec	ond Group	¢	0.00	
iloss Receipis Filsi	Group	\$	0.00	Gloss Receipts Set	ond Group	\$		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IXTY-THIRD	SUBSCRIBER GRO	DUP	SI	XTY-FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs	Group	\$			rth Group	\$		
Gross Receipts Third	·	\$	0.00	Gross Receipts Fou	·		0.00	
	·	\$			·	\$		

LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABL	E SYSTEM:	-			5	007462	Name
				TE FEES FOR EAC	H SUBSCF	RIBER GROUP		<u> </u>
SIX	TY-FIFTH	SUBSCRIBER GRO			SIXTY-SIXTI	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	CALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
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								Distant
								Stations
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							······································	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXTY-S	EVENTH	SUBSCRIBER GRO	UP	SIZ	XTY-EIGHTH	H SUBSCRIBER GROU	JP	
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 Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	•				•			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE		E SYSTEM:				;	007462	Name
		COMPLITATION C	F BASE RA	TE FEES FOR EAC	H SUBSCE	RIBER GROUP	30.102	
		SUBSCRIBER GRO		n e		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
								Syndicated
								Exclusivity
								Surcharge
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				-				Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	NTY-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Proup	¢	0.00	Base Rate Fee Four	th Group	¢	0.00	
Dase Nate Fee Hill (	νιοαρ	\$	0.00	Dase Nate ree Four	ai Gioup	\$	0.00	
Base Rate Fee: Add the			criber group a	as shown in the boxes	above.	¢		
Enter here and in block	S, illie I, S	pace L (page /)				\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  NTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Base Rate I  and  Syndicate  Exclusivit  Surcharg  for
O COMMUNITY/ AREA O Computati  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate I and Syndicate Exclusivity Surcharg for
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Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
NTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE
Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				\$	007462	Name
				ATE FEES FOR EAC				
SEVENTY-S COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	UP <b>0</b>	SEVE		SUBSCRIBER GROU	JP <b>0</b>	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DGL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DSL	Base Rate Fee
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	II as shown in the boxes	above.	\$		

CALL SIGN DSE CALL SIGN DSE CALL  CALL  CALL SIGN DSE CALL  CALL	EIGHTY-S MUNITY/ AREA  L SIGN  DSEs  Receipts Second G  Rate Fee Second G	DSE COND SUE	R GROUP BSCRIBER GROUP CALL SIGN	0 Co
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Fotal DSEs  Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Gross  Base Rate Fee First Group	DSEs Receipts Second G	Group \$	CALL SIGN	DSE Bas S S S S S S S S S S S S S S S S S S S
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				TE FEES FOR EACH				
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	JP	SUBSCRIBER GROU	TY-EIGHTH	EIGH'	JP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
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EIGHTY-		COMPUTATION O	F BASE RA	TE EEES EOD EAC				
	NINIH	OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP UBSCRIBER GROUP NINTIETH SUBSCRIBER GROUP						
OMMUNITY/ AREA (			0	COMMUNITY/ AREA			0	9 Computation
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otal DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First Group	٠ -	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group		\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIRST S	SUBSCRIBER GRO				SUBSCRIBER GROU	_	
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Gross Receipts Third Group	Р . Г	\$	0.00	Gross Receipts Fou	ıııı Group	\$	0.00	
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CABLE ONE, INC.	R OF CABL	E SYSTEM:	YSTEM: SYSTEM ID# 007462						
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP	IP		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00		
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NI	NETY-SIXTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
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DI COLLA CONTRIBUTATION CONTRIBUTA	NE DATE COS	COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
BLOCK A: COMPUTATION OF BAS NINETY-SEVENTH SUBSCRIBER GROUP			BER GROUP SUBSCRIBER GRO	IIP				
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ross Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
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ase Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
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ase Rate Fee Third Gro				11						

В		007462 x: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
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ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
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1	007462							CABLE ONE, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	BLOCK A:	В
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= - - -	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
= - - - -	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
= - - - - -	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
= - - - - - -	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
= - - - - - - -	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
= - - - - - - - - - - - - -	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
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	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA			
=	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA			
	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII			
	JP <b>0</b>	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED	UP <b>0</b>		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA			
	DSE	SUBSCRIBER GROU	SIXTEENTH	ONE HUNDRED COMMUNITY/ ARE CALL SIGN	DSE		FTEENTH	ONE HUNDRED FII OMMUNITY/ AREA  CALL SIGN			
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE DSE O.000		DSE	ONE HUNDRED FII			
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN	DSE		DSE	ONE HUNDRED FII			
	DSE	CALL SIGN	DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE DSE O.000	CALL SIGN	DSE	ONE HUNDRED FII COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Third G			
	DSE	CALL SIGN	DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE DSE O.000	CALL SIGN	FTEENTH	ONE HUNDRED FILE COMMUNITY/ AREA  CALL SIGN  otal DSEs			

Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	SUBSCRIBER GROUP		TE FEES FOR EACH ONE HUNDRED E COMMUNITY/ AREA  CALL SIGN		COMPUTATION O SUBSCRIBER GROU		
Computation OSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation OSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations		DSE			CALL SIGN	DSE	
DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and Syndicated Exclusivity Surcharge for Partially Distant Stations							
Syndicated Exclusivity Surcharge for Partially Distant Stations							
Exclusivity Surcharge for Partially Distant Stations							
Surcharge for Partially Distant Stations						·····	
Partially Distant Stations							
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	0.00		Total DSEs	0.00			Total DSEs
.00	\$ 0.00	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
.00	\$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	Group	<b>Base Rate Fee</b> First G
	SUBSCRIBER GROUP	WENTIETH	ONE HUNDRED T	JP	SUBSCRIBER GRO	INTEENTH	ONE HUNDRED N
O.	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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.00	0.00		Total DSEs	0.00			Total DSEs
.00	\$ 0.00	Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third 0
.00	\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third C

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.				S	007462	Name	
BLOCK A: COMPUTA	TION OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP			
ONE HUNDRED TWENTY-FIRST SUBSCRIBER	R GROUP	ONE HUNDRED TW	ENTY-SECOND	SUBSCRIBER GROUP		^	
COMMUNITY/ AREA	0	COMMUNITY/ ARE	0	<b>9</b> Computation			
CALL SIGN DSE CALL SIG	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
						and	
			<u>.</u>			Syndicated	
						Exclusivity	
						Surcharge	
						for	
						Partially	
						Distant Stations	
		-				Stations	
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Total DSEs	0.00	Total DSEs			0.00		
Gross Receipts First Group \$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED TWENTY-THIRD SUBSCRIBER	RGROUP	ONE HUNDRED TW	ENTY-FOURTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA	0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE CALL SIG	N DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<u></u>				
Total DSEs	0.00	Total DSEs			0.00		
				•	0.00		
Gross Receipts Third Group \$	0.00	Gross Receipts Fou	rtn Group	\$	0.00		

SYS NE, INC.	O07462 Nam
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  DRED TWENTY-FIFTH SUBSCRIBER GROUP  ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP	
Y/ AREA O COMMUNITY/ AREA	0 Comput
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pts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
see First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
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ee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
ee First Group \$ 0.00 Base Rate Fee Second Group \$  D TWENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	
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ee First Group \$ 0.00 Base Rate Fee Second Group \$  D TWENTY-SEVENTH SUBSCRIBER GROUP  Y/ AREA 0 COMMUNITY/ AREA	0
ee First Group \$ 0.00 Base Rate Fee Second Group \$  D TWENTY-SEVENTH SUBSCRIBER GROUP  Y/ AREA 0 COMMUNITY/ AREA	0
D TWENTY-SEVENTH SUBSCRIBER GROUP  Y/ AREA  DSE  CALL SIGN  DS	DSE
Base Rate Fee Second Group  ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  Y/ AREA  OCOMMUNITY/ AREA  COMMUNITY/ AREA  DSE  CALL SIGN  DSE  CALL	0.00
D TWENTY-SEVENTH SUBSCRIBER GROUP  Y/ AREA  DSE  CALL SIGN  DS	DSE

		COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
		SUBSCRIBER GROU		TI .		SUBSCRIBER GROUP		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	UNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of	
O/ LE CICIV	DOL	O'NEE GIGIT	DOL	OALL GIGIT	DOL	O/ALL CICIY	DOL	Base Rate	
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otal DSEs			0.00	Total DSEs	•	'	0.00		
	_								
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00		
ONE HUNDRED T	HIRTY-FIRST	SUBSCRIBER GROU		ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP	)		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN		II OALL GION		CALL SICN					
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE		
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE		
Total DSEs		\$				CALL SIGN			
Total DSEs			0.00	Total DSEs			0.00		
Total DSEs	Group		0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00		
Total DSEs	Group		0.00	Total DSEs	rth Group		0.00		

LEGAL NAME OF OWN  CABLE ONE, INC		E SYSTEM:	YSTEM: SYSTEM ID# 007462						
		COMPUTATION O SUBSCRIBER GROU		ONE HUNDRED TH	IRTY-FOURTH	IBER GROUP  SUBSCRIBER GROUP	0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
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								Distant	
								Stations	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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	·····								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Croup	¢	0.00	Gross Receipts Four	th Croup	<b>*</b>	0.00		
Cioss Necelpis IIIII	Стоир	\$	0.00	Toross Necelbis Foul	ai Gioup	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OW CABLE ONE, INC		LE SYSTEM:					007462	Name
	BLOCK A:	COMPUTATION (	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GROL		H		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA 0				COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
			·····					Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP				ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA 0			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Total DSEs 0.00						_		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Raco Data Eco: ۸-1-1	l the <b>heer =-</b> 1	o fore for each and	oriber grave	as shown in the have-	ahova			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	above.	\$		

	OABLE	SYSTEM:					6YSTEM ID# 007462	Name
ONE HUNDRED FORTY			)	TI .	RTY-SECOND	IBER GROUP SUBSCRIBER GROUP		9
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and Syndicate
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
			<u>-</u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group	-	\$	0.00	Gross Receipts Second Group \$ 0.00				
noss neceipis i list Group	' - r	<u> </u>		Gross Receipts Sect	ліа Стоар	<del>P</del>		
Base Rate Fee First Group	, [	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP				ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP	)	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>-</u>					
			···					
otal DSEs			0.00	Total DSEs			0.00	
	p	S S	0.00		th Group	\$		
Fotal DSEs Gross Receipts Third Grou	p	\$		Total DSEs Gross Receipts Four	th Group	\$	0.00	

LEGAL NAME OF OWN  CABLE ONE, INC		E SYSTEM:				S	007462	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP				П		SUBSCRIBER GROUP		^
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u>.</u>					Syndicated
								Exclusivity
			····					Surcharge for
	••••							Partially
								Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	Base Rate Fee First Group \$ 0.00			Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP				ONE HUNDRED FO	DRTY-EIGHTH	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	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base  Sylvation  Sylvation  P  T  T  T  T  T  T  T  T  T  T  T  T	9 emputatio of se Rate Fe and yndicated xclusivity urcharge for Partially Distant Stations
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Sylex Sulphia  Total DSEs  O.00  Gross Receipts First Group  \$ 0.00  Base Rate Fee First Group  \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0  OMMUNITY/ AREA  0	and yndicated xclusivity urcharge for Partially Distant
Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA	yndicated xclusivity urcharge for Partially Distant
Total DSEs  Gross Receipts First Group  Base Rate Fee First Group  \$ 0.00  Gross Receipts Second Group  \$ 0.00  Base Rate Fee Second Group  \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0 COMMUNITY/ AREA	xclusivity urcharge for Partially Distant
Total DSEs  Total	urcharge for Partially Distant
Total DSEs	for Partially Distant
Total DSEs	Partially Distant
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Total DSEs  O.00 Gross Receipts First Group  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  O  ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  O	Stations
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0	
Base Rate Fee First Group \$ 0.00  ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  O	
ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP  COMMUNITY/ AREA  0  COMMUNITY/ AREA  0	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations	CABLE ONE, INC.	R OF CABL	E SYSTEM:				•	3YSTEM ID# 007462	Name
Computation   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate Fe and Syndicated   Exclusivity   Surcharge for Partially   Distant   Stations				DUP	ONE HUNDRED FI	TY-FOURTH			9
Base Rate Fe and   Syndicated   Exclusivity   Surcharge   For Partially   Distant   Stations									Computation
and Syndicated Exclusivity Surcharge for Partially Distant Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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0.00									
S 0.00  S 0.00  Base Rate Fee Second Group  S 0.00  P-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  AUTOR OF COMMUNITY/ AREA  O  Total DSEs  Gross Receipts Fourth Group  S 0.00									Stations
S 0.00  S 0.00  Base Rate Fee Second Group  S 0.00  P-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  AUTOR OF COMMUNITY/ AREA  O  Total DSEs  Gross Receipts Fourth Group  S 0.00									
S 0.00  S 0.00  Base Rate Fee Second Group  S 0.00  P-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  AUTOR OF COMMUNITY/ AREA  O  Total DSEs  Gross Receipts Fourth Group  S 0.00									
S 0.00  S 0.00  Base Rate Fee Second Group  S 0.00  P-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  AUTOR OF COMMUNITY/ AREA  O  Total DSEs  Gross Receipts Fourth Group  S 0.00									
S 0.00  Base Rate Fee Second Group  S 0.00  Base Rate Fee Second Group  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  AUDITOR OF TOTAL DSES  Gross Receipts Fourth Group  S 0.00									
S 0.00  S 0.00  Base Rate Fee Second Group  S 0.00  P-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  AUTOR OF COMMUNITY/ AREA  O  Total DSEs  Gross Receipts Fourth Group  S 0.00									
Base Rate Fee Second Group \$ 0.00  -FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DSE  CALL SIGN  D	Total DSEs			0.00	Total DSEs				
P-FIFTH SUBSCRIBER GROUP  ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O  DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE  OUT OF THE PROPERTY OF	Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  O O O O O O O O O O O O O O O O O O O	<b>Base Rate Fee</b> First Gr	Base Rate Fee First Group \$ 0.00			Base Rate Fee Sec	ond Group	\$	0.00	
DSE CALL SIGN DSE CALL SIGN DSE  Output  DSE CALL SIGN DSE CALL SIGN DSE  CALL SI	ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP				ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
	COMMUNITY/ AREA	COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				
gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
gross Receipts Fourth Group \$ 0.00									
gross Receipts Fourth Group \$ 0.00		···							
gross Receipts Fourth Group \$ 0.00									
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gross Receipts Fourth Group \$ 0.00									
gross Receipts Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
					rth Group	•			
up \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Oloss Necelbis Tilla G	лоир	Ψ	J.00	Toross Necerpis Fou	гат Огоир	Ψ	0.00	
	Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE CABLE ONE, INC.	R OF CABL	E SYSTEM:				•	007462	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY				П		SUBSCRIBER GROUF	)	^
COMMUNITY/ AREA 0				COMMUNITY/ AREA	A		0	<b>9</b> Computation
CALL SIGN DSE CALL SIGN DSE			DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			<mark>.</mark>					for
	<u></u>							Partially
								Distant
	<del></del>		<u></u>					Stations
			····					
			···					
			···					
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	COMMUNITY/ AREA			COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
			····					
	···		····					
	···		···					
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		

FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** 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 and **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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE 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 /)......

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** 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 and **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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** 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 and **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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 /)......

FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** 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 and **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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 /)......

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FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** 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 and **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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE, INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. 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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH 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 this subscriber group subject to the surcharge computation	total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Second Group
TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	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
SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group

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

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** 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 and **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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH 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 THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 /)......

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ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CABLE ONE. INC. 007462 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 INSTRUCTIONS: **Base Rate Fee** 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 and **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. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH 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 SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 /)......

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