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			
8/29/24	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2024/1			
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of the unting period.	em. the accounting period should su	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC			
				02098920241
				020989 2024/1
	3027 S SE LOOP 323 TYLER, TX 75701			
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•		
	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	ir the system, if di	Terent from the address giv	en in space B.
System	1 CABOT			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b
Area Served	with all communities.  CITY OR TOWN	STATE		
First	САВОТ	AR		
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in S	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
	Alliance	MD	В	2
	Gering	MD	В	3

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

CODM CASE DAGE 4h			ACCOUNT	ING PERIOD: 2024/1					
FORM SA3E. PAGE 1b.  LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
			020989						
CEQUEL COMMUNICATIONS LLC			020303						
<b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first community.	orated communition	es within unincorp you list will serve	orated	D Area Served					
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
CABOT	AR	Α		First					
AUSTIN	AR	A		Community					
FAULKNER COUNTY(PORTIONS)	AR	A							
LITTLE ROCK AIR FORCE BASE	AR	В							
LONOKE COUNTY (PORTIONS)	AR	Α							
MACON	AR	Α		See instructions for					
PULASKI COUNTY (PORTIONS)	AR	Α		additional information					
SOUTH BEND	AR	Α		on alphabetization.					
WARD	AR	Α							
				Add rows as necessary.					
				,					
			***************************************						
	L	l		1					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

920989

### Ε

Name

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
<ul> <li>Service to first set</li> </ul>	3,380	\$ 50.00				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	88	\$ 45.95				
Converter						
Residential						
Non-residential						
	<b>†</b>	<b>†</b>				

## 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						
0.17500001050000105							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	17.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	\$	19.00	Commercial				
Fire protection			Pay cable				
Burglar protection			Pay cable-add'l channel				),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Installation: Residential			Fire protection				),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
First set	\$	99.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	\$		Other services:				),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• FM radio (if separate rate)			Reconnect	\$	40.00		
Converter			Disconnect				
			Outlet relocation	\$	25.00		)
			<ul> <li>Move to new address</li> </ul>	\$	99.00		)
							·····

CEQUEL CO	MANITA OTHER LINEAR	STEM:			SYSTEM ID# 020989	Name	
DD184 & D17	MMUNICATIO				020989		
PRIMARY TRANSMI			1 - E C L - E				
		•	, ,	-	ns and low power television stations) ied only on a part-time basis under	G	
FCC rules and regu	lations in effect of	n June 24, 1	981, permitting	the carriage of ce	rtain network programs [sections		
76.59(d)(2) and (4), substitute program				61(e)(2) and (4))]	; and (2) certain stations carried on a	Primary Transmitters:	
				ns carried by your	cable system on a substitute program	Television	
pasis under specifo				W Ci-l C4-4			
station was carri			st it in space i (i	ine Special Stater	ment and Program Log)—if the		
					stitute basis and also on some other		
in the paper SA3		cerning subs	titute basis stati	ons, see page (v)	of the general instructions located		
					ces such as HBO, ESPN, etc. Identify		
					nation. For example, report multi- ich stream separately; for example		
NETA-simulcast).			•	•			
			-		ation for broadcasting over-the-air in is may be different from the channel		
on which your cable	system carried t	he station.			•		
					dependent station, or a noncommercial ticast), "I" (for independent), "I-M'		
for independent mu	ulticast), "E" (for r	noncommerci	al educational),	or "E-M" (for non-	commercial educational multicast).		
					the paper SA3 form. Yes". If not, enter "No". For an ex⊷		
olanation of local se	ervice area, see p	age (v) of the	e general instruc	ctions located in t	he paper SA3 form.		
					i, stating the basis on which your entering "LAC" if your cable system		
carried the distant s	tation on a part-t	me basis bed	cause of lack of	activated channe	el capacity.		
					Ity payment because it is the subject system or an association representing		
the cable system ar	nd a primary trans	smitter or an	association repr	esenting the prim	nary transmitter, enter the designa-		
					other basis, enter "O." For a further ted in the paper SA3 form.		
					ity to which the station is licensed by the		
				•	ith which the station is identifed		
Note: If you are util	zing muluple cha			•	л опаппетше-иβ.		
	1	CHANN	EL LINE-UP	AA			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
KARK-1	4	N N	No	(II DISIGIIL)	LITTLE ROCK, AR		
			No No		<b></b>		
KARK-2	4.2	I-M	NO		LITTLE BOOK AD	See instructions for	
	4 ^				LITTLE ROCK, AR		
KARK-3	4.3	I-M	No		LITTLE ROCK, AR		
KARK-3 KARK-4	4.4	I-M I-M	No No		LITTLE ROCK, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-HD1	4.4	I-M I-M N-M	No No No		LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-HD1 KARZ-1	4.4 4 42	I-M I-M N-M I	No No No No		LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2	4.4 4 42 42.2	I-M I-M N-M I	No No No No		LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2	4.4 4 42	I-M I-M N-M I	No No No No		LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1	4.4 4 42 42.2	I-M I-M N-M I	No No No No		LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1	4.4 4 42 42.2 42.2	I-M I-M N-M I	No No No No No		LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2	4.4 4 42 42.2 42.2 38	I-M I-M N-M I I-M	No No No No No No		LITTLE ROCK, AR PINE BLUFF, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1	4.4 4 42 42.2 42 38 38.2	I-M I-M N-M I I-M I-M	No No No No No No No		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3	4.4 4 42 42.2 42 38 38.2 38.3	I-M I-M N-M I I-M I-M I-M I-M I-M I-M I-M	NO		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1	4.4 4 42 42.2 42 38 38.2 38.3 38.3	I-M I-M N-M I I-M I-M I-M I-M I-M I-M I-M I-M I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1	4.4 4 42 42.2 42 38 38.2 38.3 38.7	I-M I-M N-M I I-M I-M I-M I-M I	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3	4.4 4 42 42.2 42 38 38.2 38.3 38.7 7.2 7.3	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3	4.4 4 42 42.2 42 38 38.2 38.3 38.7 7.2 7.3	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1	4.4 4 42 42.2 42 38 38.2 38.3 38 7 7.2 7.3 7	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2	4.4 4 42 42.2 42 38 38.2 38.3 38 7 7.2 7.3 7 2 2.2	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.3 7 2 2.2 2.3	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.2 7.3 7 2 2.2 2.3 2.4	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1	4.4 4 42 42.2 42 38 38.2 38.3 38 7 7.2 7.2 7.3 7 2 2.2 2.3 2.4 2	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1	4.4 4 42 42.2 42 38 38.2 38.3 38 7 7.2 7.2 7.3 7 2 2.2 2.3 2.4 2 36	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1 KKAP-1 KKAP-1	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1 KKAP-1 KKAR-1	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-3 KATV-HD1	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-4 KETS-HD1 KKAP-1 KKAP-1 KKAR-1 KKAR-1 KKAR-1 KKAR-1	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-4 KETS-4 KETS-4 KETS-1 KKAR-1 KLRT-1 KLRT-1 KLRT-2 KLRT-1	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16 16.2	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-4 KETS-4 KETS-1 KLRT-1 KLRT-1 KLRT-1 KLRT-1 KLRT-2 KLRT-1 KKRYA-1	4.4 4 42 42.2 42 38 38.3 38.7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16 16.2 16	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1 KKAP-1 KKAR-1	4.4 4 42 42.2 42.3 8 38.3 38.7 7.2 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16 16.2 16 49	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional informatio	
KARK-3 KARK-4 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-4 KETS-4 KETS-1 KLRT-1	4.4 4 42 42.2 42.2 438 38.3 38.7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16 16.2 16 49 11	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1 KLRA-1 KLRT-1 KLRT-2 KLRT-1 KLRT-1 KLRT-2 KLRT-1 KLRT-2 KLRT-1	4.4 4 42 42.2 42.2 438 38.3 38.7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16 16.2 16 49 11 11.3	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	
KARK-3 KARK-4 KARK-4 KARK-4 KARK-HD1 KARZ-1 KARZ-2 KARZ-HD1 KASN-1 KASN-2 KASN-3 KASN-HD1 KATV-1 KATV-2 KATV-3 KATV-HD1 KETS-1 KETS-2 KETS-3 KETS-4 KETS-HD1 KKAP-1 KLRA-1 KLRT-1 KLRT-1 KLRT-1 KLRT-2 KLRT-1 KLRT-2 KLRT-1 KLRT-1 KLRT-2 KLRT-1 KLRT-1 KLRT-2 KLRT-1	4.4 4 42 42.2 42.2 42 38 38.3 38.7 7.2 7.3 7 2 2.2 2.3 2.4 2 36 30 16 16.2 16 49 11 11.3 11.4	I-M	NO N		LITTLE ROCK, AR PINE BLUFF, AR PINE BLUFF, AR PINE BLUFF, AR LITTLE ROCK, AR	additional information	

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

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 asis 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 channe 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 noncommercia 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 you

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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
KARK-1	4	N	No		LITTLE ROCK, AR
KARK-2	4.2	I-M	No		LITTLE ROCK, AR
KARK-3	4.3	I-M	No		LITTLE ROCK, AR
KARK-4	4.4	I-M	No		LITTLE ROCK, AR
KARK-HD1	4	N-M	No		LITTLE ROCK, AR
KARZ-1	42	I	No		LITTLE ROCK, AR
KARZ-2	42.2	I-M	No		LITTLE ROCK, AR
KARZ-HD1	42	I-M	No		LITTLE ROCK, AR
KASN-1	38	I	No		PINE BLUFF, AR
KASN-2	38.2	I-M	No		PINE BLUFF, AR
KASN-3	38.3	I-M	No		PINE BLUFF, AR
KASN-HD1	38	I-M	No		PINE BLUFF, AR
KATV-1	7	N	No		LITTLE ROCK, AR
KATV-2	7.2	I-M	No		LITTLE ROCK, AR
KATV-3	7.3	I-M	No		LITTLE ROCK, AR
KATV-HD1	7	N-M	No		LITTLE ROCK, AR
KETS-1	2	E	No		LITTLE ROCK, AR
KETS-2	2.2	E-M	No		LITTLE ROCK, AR
KETS-3	2.3	E-M	No		LITTLE ROCK, AR
KETS-4	2.4	E-M	No		LITTLE ROCK, AR
KETS-HD1	2	E-M	No		LITTLE ROCK, AR
KKAP-1	36	I	No		LITTLE ROCK, AR
KLRA-1	30	I	No		LITTLE ROCK, AR
KLRT-1	16	I	No		LITTLE ROCK, AR
KLRT-2	16.2	I	No		LITTLE ROCK, AR
KLRT-HD1	16	I-M	No		LITTLE ROCK, AR
KMYA-1	49	I	No		CAMDEN, AR
KTHV-1	11	N	No		LITTLE ROCK, AR
KTHV-3	11.3	I-M	No		LITTLE ROCK, AR
KTHV-4	11.4	I-M	No		LITTLE ROCK, AR
KTHV-HD1	11	N-M	No		LITTLE ROCK, AR
KVTN-1	25	I	No		PINE BLUFF, AR
KVTN-HD1	25	I-M	No	]	PINE BLUFF, AR

U.S. Copyright Office

**ACCOUNTING PERIOD: 2024/1** FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 020989 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

TORWOADE. FACE 5.						ACCOUNTING	1 LINIOD. 2024/1	
LEGAL NAME OF OWNER OF CEQUEL COMMUNICA					S	YSTEM ID# 020989	Name	
SUBSTITUTE CARRIAG In General: In space I, ident	ify every no	nnetwork televi	sion program broadcast by a	a distant statio			ı	
substitute basis during the are explanation of the programm form.	0.	· ·	•	, 0	*		Substitute	
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage: Special	
During the accounting pe broadcast by a distant sta		ur cable systei	m carry, on a substitute ba	sis, any noni	network television progr		Statement and Program Log	
<b>Note:</b> 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 SUBSTITUTI			rata lina. Llaa ahbraviatian	a wharavar n	accible if their maching	io		
In General: List each subsclear. If you need more spa				s wherever p	ossible, il their meaning	IS		
Column 1: Give the title	of every no	onnetwork tele	vision program (substitute					
period, was broadcast by a under certain FCC rules, re								
SA3 form for futher information	ation. Do n	ot use general	categories like "movies",					
titles, for example, "I Love Column 2: If the progra			: 76ers vs. Bulls." er "Yes." Otherwise enter	"No "				
Column 3: Give the call	sign of the	station broade	casting the substitute prog	ram.				
Column 4: Give the bro the case of Mexican or Car			the community to which the			n		
			stem carried the substitute			onth		
first. Example: for May 7 gi		a aubatituta ne	ragram was sarried by you	r aabla ayata	m List the times assure	toly		
to the nearest five minutes			ogram was carried by you ried by a system from 6:01			itely		
stated as "6:00-6:30 p.m."		-						
to delete under FCC rules			n was substituted for prog luring the accounting perio					
gram was substituted for p	rogrammin							
effect on October 19, 1976	-							
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
					_			
					<u> </u>			
						·		
					_			
					_			
					_			
	<b></b>							

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **CEQUEL COMMUNICATIONS LLC** 020989 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 part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • 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 WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS FROM DATE FROM DATE TO TO

LEGA	QUEL COMMUNICATIONS LLC	SYSTEM ID# 020989	Name
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	dary transmission service mpute this amount, see	K Gross Receipts
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,021,693.88 (Amount of gross receipts)	
<ul><li>Instru</li><li>Con</li><li>Con</li><li>If yo fee t</li><li>If yo accord</li></ul>	TRIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the ame 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 partompanying this form and attach the schedule to your statement of account.	ts of the DSE Schedule	L Copyright Royalty Fee
bloc	k 3 below.  Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be er		
3 be			
2 in	block 4 below.		
	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent of the	
	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.	\$ 1,021,693.88	
	This is your minimum fee.	\$ 10,870.82	
2 Block	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and column the section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	d?	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	Line 1. 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	\$ 10,870.82	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	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	\$ 11,595.82	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #		additional lees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta	,	

ACCOUNTING PERIOD: 2024/1

ACCOUNTING PERIO	00: 2024/1	FORM SA3E. PAGE 8.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Hame	CEQUEL COMMUNICATIONS LLC	020989						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  31							
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  Name RODNEY HASKINS Telephone (903) 579-3	3152						
Information	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)							
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)							
O Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
	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 produtton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings  Typed or printed name: ALAN DANNENBAUM  Title: SVP, PROGRAMMING  (Title of official position held in corporation or partnership)							

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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telepho 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 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 t 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 lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  020989	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?						
X NO  YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q					
Line 1 Enter the amount of late payment or underpayment	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period ID number						

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

DOL SCHEDULE. FAGI	,	- OVOTEM			2\	STEM ID#			
1	LEGAL NAME OF OWNER OF CABLE				31				
_	CEQUEL COMMUNICAT	IONS LLC				020989			
	SUM OF DSEs OF CATEGOR	Y "O" STATIOI	NS:						
	<ul> <li>Add the DSEs of each station</li> </ul>								
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00				
2	Instructions:	Sian": list the co	Il ciane of all dictant ctations	identified by t	he letter "O" in column 5				
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).								
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSI	E as "1.0"; for	each network or noncom-				
	mercial educational station, giv								
Category "O"			CATEGORY "O" STATION	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 020989 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 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. Computation of DSEs for 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 Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1. CALL SIGN OF HOURS OF HOURS **CARRIAGE VALUE CARRIED BY VALUE** STATION ON AIR SYSTEM SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF OF DAYS OF DAYS SIGN SIGN OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, ...... TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 1. Number of DSEs from part 2 ● **Total Number** 0.00 of DSFs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 0.00 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/1

	OWNER OF CABLE						S`	YSTEM ID# 020989	Name
In block A: • If your answer if schedule.	ck A must be com	emainder of p	•	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if "No," complete blocks B and C below.  BLOCK A: TELEVISION MARKETS									
Is the cable syste effect on June 24,	m located wholly o					ection 76.5 of	FCC rules and re	gulations in	Computation of 3.75 Fee
Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									
X No—Comp	plete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			-
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju edule. (Note: Tl	part 2, 3, and 4 or ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2:  BASIS OF  PERMITTED  CARRIAGE  By Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(b)(c)  By Specialty station as defined in 76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]  Concommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]  Dong Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).  Eouried pursuant to individual waiver of FCC rules (76.7)  *Foundation as a part-time or substitute basis prior to June 25, 1981  Gonmercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]  Months Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
									-
								0.00	
		Е	BLOCK C: CC	MPUTATION O	F 3.75 FEE				  -
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove				-	
	line 2 from line 1 leave lines 4–7 b			•		rate.	11-	0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	page 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply l	line 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	÷ 3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply l		0.00							

Name	020989	SY					S LLC	MUNICATION	QUEL COM
			JED)	(CONTIN	ION MARKETS	A: TELEVIS	BLOCK		
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN
Computatio 3.75 Fee									

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CEQUEL COMMUNICATIONS LLC** 020989 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE 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** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) 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 CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 020989	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,021,693.88	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?	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	(	CEQUEL COMMUNICATIONS LLC	020989								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$									
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$									
Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1)									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge.									
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge									
		Sylvicated Exclusivity Substitutings.	<u></u>								
	Instru	ctions:									
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	art								
		checked "Yes," use the total number of DSEs from part 5.  bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.									
Computation		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.									
of	• If you	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low								
Base Rate Fee	blank What i	:. i <b>s a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers									
		pocated within that station's local service area and others were located outside that area. For the definition of a station's "loc									
	service	e area," see page (v) of the general instructions.									
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did y		our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule.  X No—Complete the following sections.									
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$ 1,021,693	.88_								
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.									
	2	(If block A of part 6 was checked "Yes,"	0.00								
		use the total number of DSEs from part 5.) ▶	0.00								
	Section 3	If the figure in section 2 is <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts									
		(the amount in section 1)	<u>-</u>								
		B. Enter 0.00701 of gross receipts  (the amount in section 1)▶ \$ 7,162.07									
		<del></del>									
		C. Subtract 1.000 from total DSEs									
		(the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here ▶ \$	<u>-</u>								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee	<u>-</u>								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/1

		TEM ID# 020989	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the ligate in section 2 is more than 4.000, compute your base rate fee here and leave section o braint.		8
	A. Enter 0.01064 of gross receipts  (the amount in section 1)  **Section 1.1**  **Enter 0.01064 of gross receipts**  **The property of the pro		J
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$	0.00	
		1	
shall ins	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chain Space G.		9
· ·	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, t	o exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advi Husion, you must:	antage of	of
		ho oomo	Base Rate Fee and
	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th		Syndicated Exclusivity
	nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for ea : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	ach group.	Surcharge
•	If any portion of your cable system is located within the top 100 television market and the station is not exempt in par	rt 7 you	for Partially
must als	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B er, if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
•	For each community served, determine the local service area of each wholly distant and each partially distant station to that community.	n you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were local the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the station of the station is distant to the station.		
	ne token, the station is distant to the subscriber.) Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Εε	ach	
subscrib	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
-	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system ber groups.	n's	
	section:		
	y the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all o	f the	
subscrib	bers in the group.	Tuic	
• lf:	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in p	narts 2 3	
	f this schedule; or,	Jan 13 2, 3,	
, , .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ck B,	
• Add th	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general inspaper SA3 form.	tructions	
page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pro n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need	is, the total	

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

your actual calculations on the form.

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 020989 **CEQUEL COMMUNICATIONS LLC** 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.

LEGAL NAME OF OWN CEQUEL COMMU						S	020989	Nar
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	FIRST	SUBSCRIBER GRO		#		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Compt
								Base Ra
								an
								Syndi
								Exclu
		_						Surch
		_						fo
								Parti Dist
								Stati
		L						Otati
		H						
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 C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		_						
otal DSEs	-1	_	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		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	above.	\$	0.00	

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWN						S	020989	Name
				ATE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	<u>о</u>	SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0				9
CALL SIGN DSE CALL SIGN			DSE	CALL SIGN	DSE	Computation of		
						CALL SIGN		Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	<b>'</b>		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	
		SUBSCRIBER GRO						
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	the base ra	te fees for each subs	criber aroun	as shown in the boxe	s above.			
Enter here and in blo			J P			\$	0.00	

ACCOUNTING PERIOD: 2024/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 020989
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVI	TY SURCHARGE FOR EACH SUBSCRIBER GROUP
Gomputation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	station is not exempt in Part 7, you mus also compute a t any portion of your cable system is located in as defined  Second 50 major television market al VHF Grade B contour stations listed in block A, part 9 of the VHF Grade B contour stations that were classified as zero.  DSEs used to compute the surcharge. mula outlined in block D, section 3 or 4 of part 7 of this
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
		Line 1: Enter the VHF 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 2: Enter the Exempt DSEs
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	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 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1     and enter here. This is the     total number of DSEs for     this subscriber group     subject to the surcharge     computation  SYNDICATED EXCLUSIVITY SURCHARGE     Fourth Group