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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Δ ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2024/1 Accounting Period Instructions Β Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 004216 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM **CEQUEL COMMUNICATIONS LLC** 00421620241 004216 2024/1 3027 S SE LOOP 323 **TYLER, TX 75701** INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 SISSONVILLE, WV 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 community served below and relist on page 1b with all communities Area Served CITY OR TOWN STATE wv First SISSONVILLE Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD Α 1 Sample 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 suffciency of the fling, a determination that would be made by a court of law.

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\$

DATE RECEIVED

8/29/24

AMOUNT

ALLOCATION NUMBER

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
CEQUEL COMMUNICATIONS LLC			004216					
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorpareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The free of system identification hereafter known as the "first community." Please use it as the firm	orated communiti st community that st community on a	es within unincorp you list will serve all future filings.	orated as a form	D Area 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., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	ne column blank. I elevant community	f you report any st / with a subscriber	ations group,					
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
SISSONVILLE ALUM CREEK	WV WV			First Community				
JACKSON COUNTY	wv			connunty				
KANAWHA COUNTY	WV							
LINCOLN COUNTY	WV							
				See instructions for				
				additional information on alphabetization.				
				Add rows as necessary.				

Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM ID			
Name	CEQUEL COMMUNICAT	TIONS LLC							00421			
-	SECONDARY TRANSMISSION	N SERVICE: S	UBSCRIBI	ERS AND RATE	S							
E	In General: The information in s			-		-						
. .	system, that is, the retransmissi											
Secondary	about other services (including particular about other services about a services about the services about th	• •	•		•		those exis	sting on the				
Transmission Service: Sub-	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											
scribers and	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											
Rates	each 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 serv											
	Rate: Give the standard rate of unit in which it is generally billed											
	category, but do not include disc				Slanua							
	Block 1: In the left-hand block				of sec	ondary transm	ission serv	vice that cable				
	systems most commonly provide											
	that applies to your system. Not			-		-						
	categories, that person or entity					•						
	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)."											
	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.											
		OCK 1					BLOC	K 2				
		NO. OF		DATE	CATE			NO. OF	DATE			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE			
	Service to first set		1,720 \$	50.00								
	Service to additional set(s)		1,720 0									
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		24 \$ 45.95									
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				ot to o		(atom'a aqu	ruises that wore				
F	In General: Space F calls for ran not covered in space E, that is,		,			• •						
-	service for a single fee. There a					,	,					
Services	furnished at cost or (2) services	or facilities fur	nished to r	nonsubscribers.	Rate in	nformation sho	uld include	both the				
Other Than	amount of the charge and the un		s usually bi	lled. If any rates	are ch	harged on a va	riable per-p	program basis,				
Secondary Transmissions:	enter only the letters "PP" in the		the cable s	system for each (of the	applicable serv	vices listed					
Rates		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				-	-						
	brief (two- or three-word) descri	ption and inclu	de the rate	e for each.								
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		RY OF SERVICE	E	RATE	CATEGO	DRY OF SERVICE	RATE			
	Continuing Services:		Installatio	on: Non-residen	ntial							
	• Pay cable	\$ 17.00	• Motel,	hotel								
	 Pay cable—add'l channel 	\$ 19.00	Comm	nercial								
	Fire protection		• Pay ca									
	•Burglar protection		-	able-add'l chann	iel							
1	Installation: Residential			rotection								
	• First set	\$ 99.00	-	ar protection								
		\$ 25.00	Other ser	VICes:		* * • • • • •						
	Additional set(s) EM radio (if concrete rate)		• Deee									
	• FM radio (if separate rate)		Recon			\$ 40.00						
			Discor	nnect								
	• FM radio (if separate rate)		Discor Outlet			\$ 40.00 \$ 25.00 \$ 99.00						

ACCOUNTING PERIOD: 2024/1

LEGAL NAME OF OW					SYSTEM ID# 004216	Namo
PRIMARY TRANSMIT						+
			ation (including 1	ranslator stations	and low power television stations)	6
					d only on a part-time basis under ain network programs [sections	G
					and (2) certain stations carried on a	Primary
substitute program ba	asis, as explaine	d in the next	paragraph.			Transmitters
Substitute Basis basis under specifc F				carried by your c	able system on a substitute program	Television
				e Special Stateme	ent and Program Log)—if the	
station was carried	d only on a subst	titute basis.				
					ute basis and also on some other f the general instructions located	
in the paper SA3 f		erning subsui	ute basis statio	is, see page (v) o	r the general instructions located	
Column 1: List ea	ch station's call				s such as HBO, ESPN, etc. Identify	
					tion. For example, report multi-	
VETA-simulcast).	A-2 . Simulcast	streams must	be reported in c	olumni i (list eaci	n stream separately; for example	
Column 2: Give th					on for broadcasting over-the-air in	
			annel 4 in Wash	ington, D.C. This	may be different from the channel	
n which your cable s Column 3: Indicat			ation is a netwo	rk station. an inde	pendent station, or a noncommercial	
ducational station, b	y entering the le	tter "N" (for ne	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
or the meaning of th Column 4: If the s					ne paper SA3 form. s". If not, enter "No". For an ex-	1
lanation of local serv	/ice area, see pa	age (v) of the	general instructi	ons located in the	e paper SA3 form.	1
					stating the basis on which your	1
able system carried arried the distant sta					tering "LAC" if your cable system	1
					payment because it is the subject	1
f a written agreemer	nt entered into or	n or before Ju	ine 30, 2009, be	tween a cable sys	stem or an association representing	1
					ry transmitter, enter the designa- her basis, enter "O." For a further	1
					d in the paper SA3 form.	1
Column 6: Give th	ne location of eac	ch station. Fo	r U.S. stations, I	ist the community	to which the station is licensed by the	
					which the station is identifed.	1
lote: If you are utilizi	ng multiple char	nnel line-ups,	use a separate	space G for each	cnannel line-up.	
		CHANN	EL LINE-UP	AA		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	-
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION	(,	(If Distant)		
VCHS-1	8	Ν	No		CHARLESTON, WV	-
	······				CHARLESTON, WV	-
VCHS-2	8.2	I	No		CHARLESTON, WV	-
VCHS-2	8.2 8	I N-M				
NCHS-2 NCHS-HD1	8.2	I	No		CHARLESTON, WV	
NCHS-1 NCHS-2 NCHS-HD1 NCHS-HD2 NLPX-1	8.2 8	I N-M	No No		CHARLESTON, WV CHARLESTON, WV	-
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NCHS-2 NCHS-HD1 NCHS-HD2 NLPX-1 NLPX-HD1 NOWK-1 NOWK-2	8.2 8 8.2 29 29	I N-M I-M I I-M	No No No No		CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV	-
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VCHS-2 VCHS-HD1 VCHS-HD2 VLPX-1 VUPX-HD1 VOWK-1 VOWK-2 VOWK-3 VOWK-3 VOWK-HD1 VQCW-1 VQCW-1 VQCW-HD1 VSAZ-1 VSAZ-2 VSAZ-3	8.2 8 29 29 13 13.2 13.3 13.3 13 30 30.2 30 30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	No No No No No No No No No No No No No N		CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
VCHS-2 VCHS-HD1 VCHS-HD2 VLPX-1 VUPX-HD1 VOWK-1 VOWK-2 VOWK-3 VOWK-3 VOWK-4D1 VQCW-1 VQCW-1 VQCW-1 VQCW-HD1 VSAZ-1 VSAZ-2 VSAZ-3 VSAZ-HD1	8.2 8 29 29 13 13.2 13.3 13.3 13 30 30.2 30 3 3 3.2 3.3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	I N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	No No No No No No No No No No No No No N		CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV CHARLESTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV PORTSMOUTH, OH PORTSMOUTH, OH HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV HUNTINGTON, WV	additional information
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U.S. Copyright Office

Name	LEGAL NAME OF (SYSTEM ID# 004216			
H Primary Transmitters: Radio	 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. 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). 										
	0.111		e :-		0.000						
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2024/1
LEGAL NAME OF OWNER OF						S	YSTEM ID# 004216	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting p	eriod, under spe	ecific present and former FO	C rules, regul	lations, or	authorizations.	For a further	J Substitute
1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					Carriage: Special
 During the accounting pe broadcast by a distant star 		ur cable syste	m carry, on a substitute ba	isis, any noni	network te	elevision progra		Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer	s "Yes," you ı	must com	plete the progr	ram	
2. LOG OF SUBSTITUT In General: List each subsiciear. If you need more spice Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitites, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progr ace, please of every n a distant sta egulations, ation. Do n Lucy" or "N m was broa sign of the adcast stat nadian stati nth and day ive "5/7." hes when th . Example: and regulat rogramming	am on a separ attach additio onnetwork tele attion and that y or authorizatio ot use general BA Basketball adcast live, ent station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed program tions in effect of	nal pages. vision program (substitute our cable system substitu ns. See page (vi) of the g categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 m was substituted for prog luring the accounting perio	program) tha ted for the pro- eneral instruc- or "basketbal "No." ram. le station is li e station is li e program. U r cable syste I:15 p.m. to 6 ramming that od; enter the l	at, during ogrammin tions loca I". List sp censed by lentified). se numer m. List the 5:28:30 p.1 t your sys letter "P" i	the accounting of another s ted in the pape ecific program / the FCC or, i als, with the m e times accura m. should be tem was requi f the listed pro	g tation er n nonth itely red	
s	UBSTITUT		1		EN SUBS	TITUTE CURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	TIMES — TO	FOR DELETION	
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	LEGAL NAME OF	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Name	CEQUEL CO	OMMUNICAT	IONS LLC						004216		
	PART-TIME CA										
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 part-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 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 F	PART-TIME CAR	RIAGE				
	CALL SIGN	WHEN	I CARRIAGE OCCU	IRRED		CALL SIGN	WHEN	I CARRIAGE OC	CURRED		
	CALL SIGN	DATE	HOUR FROM	RS TO		CALL SIGN	DATE	HO FROM	URS TO		
				10			DATE				
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FORM	SA3E. PAGE 7.		
_	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CE	QUEL COMMUNICATIONS LLC	004216	
Inst all a (as i page	OSS 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 second identified in space E) during the accounting period. For a further explanation of how to co e (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 service	K Gross Receipts
		(
Instru • Con • Con • If yo fee 1 • If yo	(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. uur system did not carry any distant television stations, leave block 3 blank. Enter the amo from block 1 on line 1 of block 4, and calculate the total royalty fee. uur system did carry any distant television stations, you must complete the applicable part pompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of	
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er slow.		
-	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line	
Block 1	MINIMUM FEE: 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.	\$ 535,661.15	
	This is your minimum fee.	\$ 5,699.43	
2 Block 3	 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 c 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 	d?	
	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	\$ 5,699.43	Cable systems
	 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 	0.00	submitting additional deposits under Section 111(d)(7)
	(Interest Worksheet)	0.00_	should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 6,424.43	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #		
	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 PERIO	OD: 2024/1									FORM SA	3E. PAGE 8.
Name	LEGAL NAME OF OWNER									SY	(STEM ID# 004216
M Channels	CHANNELS Instructions: You to its subscribers a		. ,						st stations		
onaimeis	1. Enter the total nu system carried tel									24	
	2. Enter the total nu on which the cabl and nonbroadcas	e system o	carried televisio	on broadcast sta						365	
N Individual to	INDIVIDUAL TO B we can contact abo				ATION IS NEE	DED: (Iden	ntify an indivio	dual			
Be Contacted for Further Information	Name RODN	EY HAS	SKINS					Telephon	e (903) 57	9-3152	
	TYLEF	street, rural R, TX 75	route, apartment, o	or suite number)							
	(City, towr Email	n, state, zip)	NEY.HASKII	NS@ALTICE	EUSA.COM		Fax (option	al)			
0	CERTIFICATION (T)	nis statem	ent of account i	must be certifed	l and signed in	accordanc	ce with Copyr	ight Office re	gulations.)		
Certifcation	• I, the undersigned,	hereby cei	rtify that (Check	one, <i>but only on</i>	e, of the boxes.)					
	(Owner other that	an corpora	ation or partnei	rship) I am the o	owner of the cab	le system a	as identifed in	line 1 of spac	e B; or		
	(Agent of owner in line 1 of sp			or partnership) l is not a corporati			gent of the ow	ner of the cabl	e system as io	dentified	
	(Officer or parts in line 1 of sp		n officer (if a coi	rporation) or a pa	artner (if a partn	ership) of t	he legal entity	identifed as c	wner of the ca	able system	
	I have examined th are true, complete, a [18 U.S.C., Section	and correct	to the best of m						ned herein		
		Х	/s/ Alan Da	annenbaum							
		(e.g., /s/	/ John Smith). B	ature on the line a sefore entering the d your name. Pre	e first forward sla	ash of the /s	s/ signature, pl	ace your curso			2"
		Typed	or printed nam	ne: ALAN DA	ANNENBAL	М					
		Title:		GRAMMING		rship)					
		Date:	August 29, 20	024							
	: Section 111 of title 17 cess your statement of a										

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 sufficiency of the fing, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYS			SYSTEM ID# 004216	Name
The Satellite Home Viewer Act of lowing sentence: "In determining the total r service of providing seco scribers and amounts col For more information on when to paper SA3 form.	number of subscribers and the gro ndary transmissions of primary bro lected from subscribers receiving s o exclude these amounts, see the r I the cable system exclude any am	EIPTS EXCLUSIONS 111(d)(1)(A), of the Copyright Act by adding ss amounts paid to the cable system for the padcast transmitters, the system shall not ind secondary transmissions pursuant to section note on page (vii) of the general instructions nounts of gross receipts for secondary transm	basic clude sub- n 119." in the	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here an Name Mailing Address	d list the satellite carrier(s) below.	Name Mailing Address		
-	et for those royalty payments subr	nitted as a result of a late payment or under eneral instructions in the paper SA3 form.	payment.	Q
	payment or underpayment	x		Interest Assessment
	erest rate* and enter the sum here mber of days late and enter the sur	x	days 	
	4** enter here and on line 3, block 7)	4, \$		
contact the Licensing Divis	art click on <i>www.copyright.gov/lice</i> ion at (202) 707-8150 or licensing lent of 1/365, which is the interest		ce please	
, 0	v	ount already submitted to the Copyright Offc unting period, and ID number as given in the		
Owner Address				
First community served Accounting period				
Privacy Act Notice: Section 111 of title 17 o	f the United States Code authorizes the Co	pyright Offce to collect the personally identifying inform	nation (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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SI	STEM ID#			
	CEQUEL COMMUNICAT	IONS LLC				004216			
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line				0.00				
2 Computation of DSEs for	of space G (page 3). In the column headed "DSE"	the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5							
Category "O"	ineretal equeditorial station, giv		CATEGORY "O" STATION	IS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary. Remember to copy all formula into new rows.									
				[l			

Name		OWNER OF CABLE SYSTEM:	C					OLE: PAGE 12. SYSTEM ID# 004216			
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 1: Li Column 2 figure should Column 2 be carried our Column 2 give the type- Column 6	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. CATEGORY LAC STATIONS: COMPUTATION OF DSES									
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	6E			
			÷			x	=				
			-		-	×					
			<u>~</u>		-						
							=				
			÷			×	=				
			÷			x x	=				
4 Computation of DSEs for Substitute- Basis Stations	Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space 1). Column 2: at your option. Column 3: Column 4:	ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur	ation listed in s titution for a pro (as shown by th ork programs du number of live spond with the i s in the calenda nn 2 by the figu	pace I (page 5, the Log gram that your system e letter "P" in column ring that optional carri , nonnetwork program: information in space I. Ir year: 365, except in re in column 3, and giv	g of Substitute P was permitted t 7 of space I); and age (as shown by s carried in subs a leap year. re the result in co	o delete under FCC rules	and regular- 2 of were deleted 5 than the third	m).			
		SI	IBSTITUTE-	BASIS STATION		TION OF DSEs					
	1. CALL	2. NUMBER	3. NUMBE		1. CALL	2. NUMBER	3. NUMBER	4. DSE			
	SIGN	OF	OF DAY		SIGN	OF	OF DAYS				
		PROGRAMS	IN YEAF	=		PROGRAMS ÷	IN YEAR	=			
			•	=		•		=			
			•	=		-		=			
			÷	=		*		=			
			•	=				=			
	Add the DSEs	S OF SUBSTITUTE-BAS of each station. um here and in line 3 of p		edule,		0.00]				
5		ER OF DSEs: Give the an s applicable to your system		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total				
Total Number	1. Number o	of DSEs from part 2 ●				▶ <u></u>	0.00				
of DSEs	2. Number o	of DSEs from part 3 ●				•	0.00				
	3. Number o	of DSEs from part 4 ●				▶ <u></u>	0.00				
	TOTAL NUMBE	ER OF DSEs						0.00			

DSE SCHEDULE. P.	AGE 13.							ACCOUNTIN	g Period: 2024
EGAL NAME OF O							S	YSTEM ID# 004216	Name
		O LEO						004210	
nstructions: Bloc n block A:	k A must be com	pleted.							•
If your answer if ' schedule.	'Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank an	d complete pa	art 8, (page 16) of	the	6
	"No," complete blo								
			BLOCK A: 1	ELEVISION M	ARKETS				Computation 3.75 Fee
s the cable system effect on June 24,		utside of all ı	major and sma	iller markets as de	fined under se	ection 76.5 of	FCC rules and re	gulations in	
		schedule-E	О NOT COM	PLETE THE REM	AINDER OF P	ART 6 AND 7			
X No—Comp	lete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations are consistent and regulations are consistent and regulations are consistent and regulations are consistent are consis	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	Enter the approp (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua	riate letter in iles and regu ed pursuant f on as defined al education d station (76. or DSE sched ant to individi	dicating the ba lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F	asis on which you o elow pertain to tho rket quota rules [7 76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	ese in effect or 6.57, 76.59(b) e)(1), 76.63(a 63(a) referring bstitution of gr	n June 24, 198), 76.61(b)(c),) referring to 7 9 to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1)	ı to	
Column 3:	*(Note: For those this schedule to c	e stations ide determine the	ntified by the I DSE.)	n parts 2, 3, and 4 etter "F" in column	2, you must c	complete the v		1	
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	
		В	LOCK C: CC	MPUTATION OI	F 3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this	schedule				-	
ine 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove				-	
				r of DSEs subjec 7 of this schedu		rate.	n	0.00	
ine 4: Enter gro	ss receipts from	space K (p	age 7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			x 0.03	375	Do any of th DSEs represe
ine 5: Multiply li	ne 4 by 0.0375 a	and enter si	um here						partially permited/ partially nonpermitte
ine 6: Enter tota	al number of DSI	Es from line	3				X	-	carriage? If yes, see pa 9 instruction
ine 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#CEQUEL COMMUNICATIONS LLC004216								Nam	
		BLOCK	A: TELEVI	SION MARKET	S (CONTIN	IUED)			-
1. CALL SIGN	2. PERMITTEI BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computat
									3.75 F

	1					DSE SCHEDULE. PAGE 14.					
Name						SYSTEM ID#					
		MUNICATIONS L	_C			004216					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fo A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compare in block	or to June 25, 1981, u call sign for each dista the DSE for this statu- the accounting period the basis of carriage CC rules and regulati- ecialty programming: (d)(1),76.61(e)(1), or rogramming: Carriage (e)(3)). arriage under certain al instructions in the the station's DSE for e the DSE figures lists a B, column 3 of part 6	the current accounting pe ed in columns 2 and 5 and 5 for this station. n columns 2, 3, and 4 mus	verning part-time and sub letter "F" in column 2 of p period, occurring between riage and DSE occurred arried by listing one of th those in effect on June 24 asis, of specialty program)(1)). s 76.59(d)(3), 76.61(e)(3) authorizations. For furthe riod as computed in parts list the smaller of the two	stitute carriage.) bart 6 of the DSE schedu n January 1, 1978 and Ju (e.g., 1981/1). e following letters: 4, 1981.) nming under FCC rules, s a, or 76.63 (referring to ar explanation, see page (2, 3, and 4 of this sched o figures here. This figure	le. une 30, 1981. ections (vi) of the ule. should be entered					
			FOR STATIONS CARRI	ED ON A PART-TIME AN	ID SUBSTITUTE BASIS						
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED					
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE					
	Instructions: Block A										
7	In block A:	a must be completed.									
Computation	,	"Yes," complete bloc	,								
of the	If your answer is	"No," leave blocks B	and C blank and complete	•							
Syndicated			BLOCK A: MAJOR	TELEVISION MARK	ET						
Exclusivity Surcharge	 Is any portion of the c 	cable system within a t	op 100 major television mar	ket as defned by section 7	6.5 of FCC rules in effect	June 24, 1981?					
		blocks B and C .		X No—Proceed to		,					
	BLOCK B: Ca	arriage 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 commu-							
	commercial VHF stati		e B contour, in whole	nity served by the cable system prior to March 31, 1972? (refer							
	or in part, over the ca	tation below with its app	ropriate permitted DSE	to former FCC rule 76.159)							
		and proceed to part 8.		Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.							
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE					
			TAL DSEs 0.00		TOTAL I	DSEs 0.00					
		10		·	TOTALL						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004216	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	535,661.15	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. Yes—Complete part 9 of this schedule. 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	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)	_	
	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		

ACCOUNTING PERIOD: 2024/1

DSE	SCHEDULE.	PAGE	16

Name			01E. PAGE 16. SYSTEM ID# 004216
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). \$ C. Multiply line B by 3.000 and enter here. C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$ 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. S C. 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. C. Multiply S	
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: inust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of par checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	w
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour 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 Enter the amount of gross receipts from space K (page 7).	5_
	Section 2 Section 3	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.). If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ \$ Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. and in block 3, line 1, space L (page 7) Base Rate Fee.	

DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM	
CEQUEL COMMUNICATIONS LLC 004	I216 Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4 A. Enter 0.01064 of gross receipts (the amount in section 1)►\$	8
B. Enter 0.00701 of gross receipts (the amount in section 1)► \$	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) \$	
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 <u>\$</u>	
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
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signal shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel l ups in Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exc	
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage this exclusion, you must:	^{je of} of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sa station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nur DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each g	me nber of Syndicated
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, y must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo However, if your cable system is wholly located outside all major television markets, complete block A only.	for Partially W. Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
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.	Stations
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 (ar the same token, the station is distant to the subscriber.)	ıd, by
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 cat system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ble
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.	
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 instruction in the paper SA3 form.	ons
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedi page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to she your actual calculations on the form.	e total

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	YSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004216
	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.	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP CALL SIGN DSE COMMUNITY/ AREA O	EQUEL COMMUN	ICATIO	NS LLC					004216
OMMUNITY/AREA O COMMUNITY/AREA O CALL SIGN DSE COMUNITY/ AREA O OO otal DSEs	BL				TE FEES FOR EAG)UP
otal DSEs 0.00 Total DSEs 0.00 orss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 0 0.00 Social DSE 0.00 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Olal DSEs	DMMUNITY/ AREA	11101	SUBSCRIBER GROU		COMMUNITY/ ARE		SOBSCRIBER GRO	
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ACCOUNTING PERIOD: 2024/1

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